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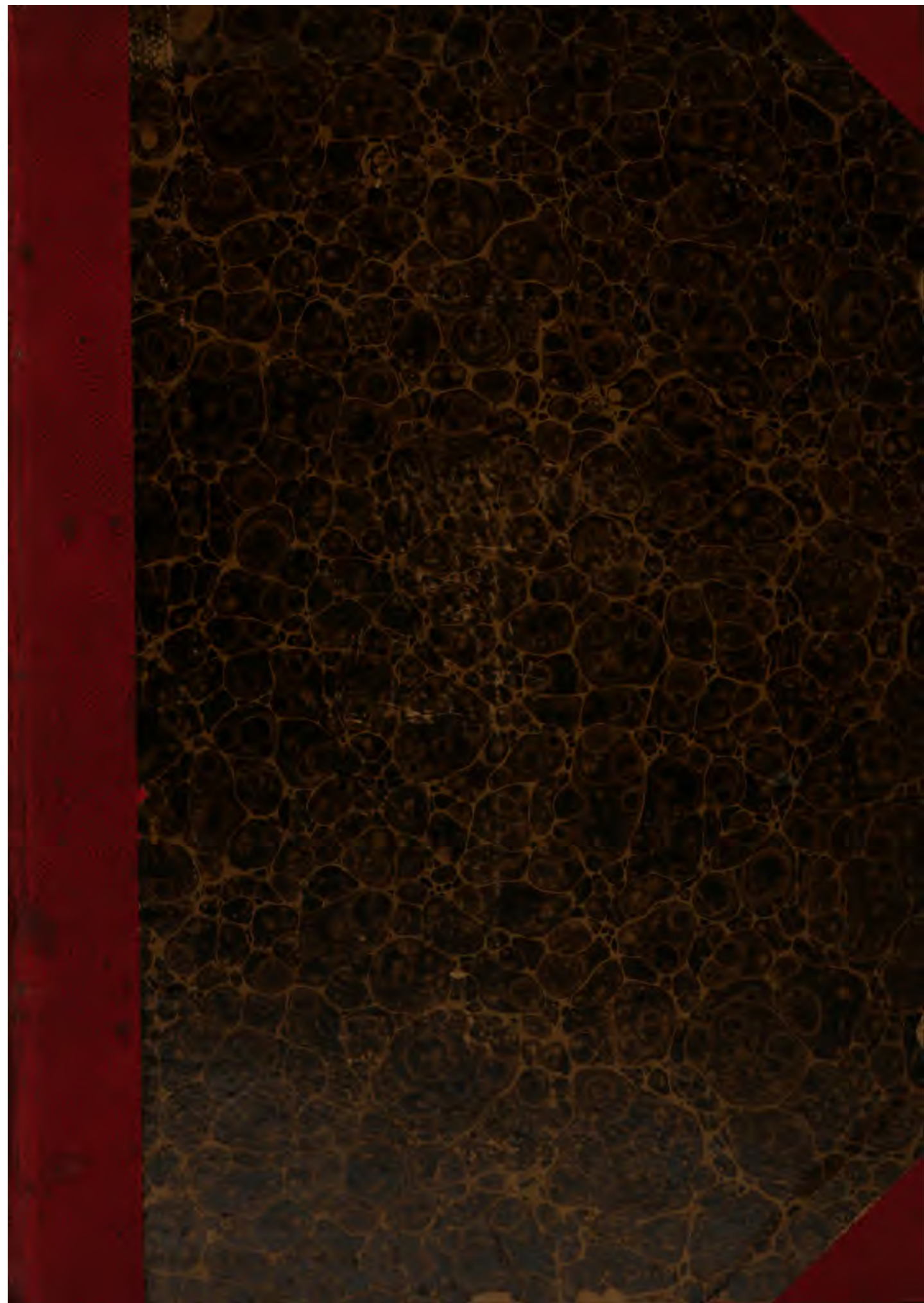
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# CONTENTS.

## A.

Abscess of Liver, Tropical, 195.  
 Acne, Treatment of, 90.  
 Aconite, Poisoning by, 47.  
 ——— Proper Way to Give, 84.  
 Address to Students, 335.  
 Admonitory, 132.  
 Æsthetics, Medical, 71.  
 Albumen in Urine, New Tests for, 395.  
 Albumen Water, 82.  
 Alum, in Lead Colic, 381.  
 Ambition and Liberality, 128.  
 Amputations, Subperiosteal, 302.  
 Amyl Nitrite, Hypodermic uses of, 230.  
 Anæmia, Progressive Pernicious, 300.  
 Anæsthetic Mixtures, 122.  
 ——— the Safest Known, 206.  
 Anæsthetics, Deaths under, 238.  
 Ani Fissura, 397.  
 Anatomical Subjects, 202.  
 Aneurism, Intrapericardial, 223.  
 ——— of Thoracic Aorta, 225.  
 Anti-cancerous Diet, 159.  
 Anti-septic dressing, a modified, 55.  
 ——— Midwifery, 165.  
 Anti-spastic, a New, 373.  
 Anus, Congenital Absence of, 392.  
 Aortic Valvular Disease, 389.  
 Aphasia, 151.  
 Aphthous Fever, Contagion of, 328.  
 Arsenic in Malignant Lymphomata, 122.  
 Archives of Dermatology, 406.  
 Arteries, Torsion of, 91.  
 Ascites, a Case of, 224.  
 Association Meetings, The, 236.  
 Astragalus, Fracture of the, 231.  
 Atropine in Cold in the Head, 330.

## B.

Bandages, How to Remove Plaster of Paris, 231.  
 Beef-tea and Urine, 70.  
 Bedsores, Water Bed for, 70.  
 Births, Marriages, and Deaths, 36, 72, 108, 144, 214, 248, 282, 316.  
 Bladder, Irritable in Women, 159.  
 ——— Wounds, Treatment of, 89.  
 Blisters in Young Children, 167.  
 Boils, Treatment of, 54.  
 Book Notices, 36, 66, 103, 134, 178, 209, 241, 277, 308, 337, 374, 408.  
 Boracic Acid in Granular Lids, 213.  
 ——— Skin Diseases, 332.  
 Boroglyceride, 206.  
 Bougie, Fiddle String, 56.  
 Bowel, To Determine the Direction of a Loop of, 301.  
 Brain, a Large, 213.  
 ——— Substance, loss of, 298.  
 Bright's Disease, Acute, 181.  
 Brine Test for Albumen, 395.  
 Buboes, 369.  
 ——— Abortive Treatment of, 199.

Buboes, Suppurating Treatment of, 199.  
 Bullet Wounds, Treatment of, 88.

## C.

Calculus, Rare Case of, 44.  
 Canada Medical Association, 276, 204, 333.  
 ——— and McGill College, 372.  
 Cancer of Stomach, 14.  
 ——— Precancerous Stage of, 49.  
 ——— Removal of Whole Uterus for, 95.  
 Canities, Sudden, 113.  
 Carbolic Acid in Whooping Cough, 20.  
 Cardiac Typhoid, 368.  
 Caruncle, Urethral, 56.  
 Cases in Practice, 148, 194.  
 Catgut Ligatures, 271.  
 Cathartics, Æsthetics in, 281.  
 Cervix Uteri, Laceration of, 60.  
 Charcoal in Eczema, 271.  
 Chest, Chronic Diseases of the, 17.  
 Chloral in Belladonna poisoning, 117.  
 ——— Action on Excretion of Sugar, 23.  
 ——— Poisoning by, 49.  
 ——— in Labour, 94.  
 Chloralated Tincture of Iodine, 91.  
 Chloroform, Emetic and Anthelmintic Action of, 155.  
 ——— Impurities, 121.  
 ——— Inhalations, 306.  
 Chorea, Salicylic Treatment of, 155.  
 Christison, Sir Robert, 101.  
 Chronic Rheumatism in a Dog, 155.  
 Chrysophanic Acid, 122.  
 Cicatrices, Treatment of, 122.  
 Circumcision, Skillern New Forceps, 397.  
 Citizens of Canada, 205.  
 Clavicle, Improved Dressing for Fracture of the, 90.  
 Clinical Clerks, 205.  
 ——— Examinations, 275.  
 ——— Examination, a Model, 206.  
 ——— Lecture, 9.  
 ——— Teachings, So-called, 204.  
 Clubfoot, 55.  
 Coca Leaves in Painful Affection of the Pharynx, 368.  
 Code, The New, 214.  
 Coffee, A Deodorizer, 300.  
 College, Ontario Veterinary, 99.  
 Colon, Malignant Disease of, 390.  
 Comedo, Pomade in, 315.  
 Conium and Curare, Action of, 117.  
 ——— proper dose of, 230.  
 Consultations, Freedom of, 170.  
 ——— with Homœopaths, 61, 97.  
 Consumption, Contagiousness of, 367.  
 ——— Treatment of, 46.  
 Convallaria Majalis, 394.  
 Copal Varnish in Felon, 100.  
 Copaiba Balsam in Frostbite, 397.  
 Corpus Luteum, 231.  
 Correspondence, 28, 61, 96, 124, 167, 200, 232, 272, 304.  
 Council, Ontario Medical, 98.  
 Cricket, 248.  
 Curare, Artificial, 156.

- Cystitis, 90.  
Cyst of Pancreas, Removal, 121.
- D.**
- Death, Diagnosis of, 230.  
Dermatology, Report on, 362.  
Diabetes Insipidus, Treatment of, 47.  
Diabetic Coma, 22.  
——— Neuralgia, 117.  
Digitalis, Action on the Heart, 21.  
Diphtheria, 351.  
——— Tannin in, 47.  
——— Tracheotomy in, 59.  
——— Treatment of, 153, 300.  
——— Sequelæ of, 1.  
Diphtheritic Croup, Tracheotomy in, 192.  
Disclaimer, A, 133.  
Dislocation of Humerus, Reduction after Five Weeks, 196.  
——— of Radius and Ulna Forwards, 112.  
Does it pay? 174.  
Dover's Powder, 350.  
Dressers, Surgical, 205.  
Druggist's Mistake, Death from, 176.  
Dysentery, Aconite in Acute, 268.  
Dyspepsia, Cerebral Symptoms in, 23.
- E.**
- Earache, 200.  
Elbow, Complete Lateral Luxation of, 301.  
——— Sanguineous Deposits in the Fold of the, 199.  
Empyema, a Case of, 45.  
——— Treatment of, 24.  
Entropion, 397.  
Epilepsy, Albuminuria in, 48.  
——— Hamilton's Mixture for, 117.  
Epistaxis, 102.  
Epithelioma of Tongue, Diagnosis of, 118.  
Ergot, a More Active Form of, 197.  
Ergot in Pertussis, 395.  
Erigeron as a Hæmostatic, 397.  
Ether, Hypodermically in a Dynamic Pneumonia, 48.  
——— Perils of, 122.  
Ethics, Revision of Code of, 108.  
Eucalyptus Oil in Lumbago, 213.  
Examinations, 133.  
——— Medical Council, 103, 172, 334.  
——— Results of, 173.  
——— University, 63, 127.  
Eyes of New-Born Children, 95.
- F.**
- Fæces, Physical Examination of the, 116.  
False Membranes, Difference of, 198.  
Faradisation of Spleen in Intermittent Fever, 197.  
Fat, Chemical Composition of the Human, 154.  
Fees for Attendance on Garfield, 85.  
Felon, Abortive Treatment of, 100.  
Femur, Sciatic Dislocation of, with Fractured Ischium, 296.  
Fermentation, Arrest of, 231.  
Fever Mixture, Acid, 85.  
Fiddle-string Bougie, 55.  
Fistula in Ano, 332.  
Forced Feeding in Phthisis, 267.  
Fractured Clavicle, Improved Dressing for, 90.  
Fracture of Pelvis and Spine, 386.  
Frostbites, Treatment of Sequelæ, 397.
- G.**
- Galvano-Cautery in Surgery, 239.  
Gastritis, Diphtheritic in Pneumonia, 83.  
Geikie, Dr., at Trinity Medical School Dinner, 33.  
Gelsemium, Antipuritic, 198.  
——— in Rhus Poisoning, 263.
- Genupectoral position in Colic, 198.  
Glasgow, Practitioners of, 70.  
Glottis, Oedema of, Treated with Pilocarpine, 49.  
Gonorrhœa, 301.  
Goitre, Fluoric Acid in, 84.  
Gossypium Medicatum, 395.  
Graduating Class, Address to, 137.  
Guiteau's Insanity Plea, 63.  
Gynocardic Acid, 332.
- H.**
- Hæmorrhoids, Equitation as a Preventitive of, 330.  
———, Forcible Dilatation of Anus in, 270.  
———, Surgical Treatment of, 199.  
Hæmatocele, Pelvic, 259.  
Hæmorrhages, Erigeron Internally in, 397.  
Hæmorrhage into Ventricles of Brain, 116.  
Headache, Potash Iodide in Frontal, 268.  
Health Bill, 103.  
——— Boards, 238.  
——— Provincial, 127, 211, 370.  
——— Secretaryship, 132.  
——— Chairmanship, 133.  
Hearing in School Children, 95.  
Heart, Acute Dilatation of, 299.  
Heart, Aortic Disease of, 389.  
——— Disease, with Rheumatism, 292.  
——— Iodide and Bromide of Potash in, 20.  
——— Hydatid Cyst of, 330.  
Helenine, Antidote to Tubercle, 395.  
Hernia, Reduction of old, 270.  
Hiccough, Long Duration of, 117.  
Hip-joint Amputations, 332.  
——— Dislocation of, 366.  
Homœopaths in the Medical Council, 203.  
Homœopathy, Dr. O. W. Holmes on, 282.  
Hospital Notes, 41, 223.  
Hospital Staff Representation of the Schools and Professions, 404.  
Hotels, Canadian and American, 406.  
Humerus, Manipulation in Reduction of Dislocation of, 56.  
——— Dislocation, Reduction after Five Weeks, 196.  
Hunyadi Janos Water, Artificial, 23.  
Hutchinson's Advice, 406.  
Hydatids of Liver, Cure by Calcareous Degeneration of Cyst, 260.  
Hygiene, International Congress of, 369.  
Hygienic Measures, 180.  
Hypodermic Injections, 198.
- I.**
- Ileus from Shellac Concretions, 330.  
Innominate, Ligature of the, 301.  
Insanity, Tests of, 85.  
Insecticide Lotion, 280.  
Intestinal Obstruction, Unusual Case of, 109.  
——— Massage in, 315.  
Intra-cranial Tumours, 21.  
Intrafoetation, 200.  
Introductory Lecture, 376, 380.  
Iodine, Chloralated Tincture of, 91.  
——— Injections in Lymphoma, 231.  
——— in Urine, Test for, 315.  
Iodoform Dressings, 87.  
——— in Eczema, 91.  
Iodoform in Eye Disease, 396.  
——— in Diabetes Mellitus, 230.  
Ischium, Malignant Disease of, 13.
- J.**
- Jubilee of McGill College Medical Faculty, 382.
- K.**
- Kidney, Amyloid, without Albuminuria, 267.  
——— Tumours, 49.  
Koch's Bacillus of Tubercle, 266, 268.



**L.**

Labour, Chloral in, 94.  
Laceration of Cervix, Emmet's operation for, 164.  
Lachrymal Sac, Incision of, 27.  
Landmark, Collapse of an Ancient, 91.  
Lead Colic, 300.  
Leprosy in Cape Breton, 15.  
Libel Suit, 371.  
Lingual Tourniquet, 158.  
Lister's Dressing, a Modification of, 55.  
Lithotomy, a Complication of, 55.  
Liver Abscess, Treatment of, 158.  
—— Fatty Degeneration of, 366.  
—— Suppurating Cyst of, Cured by Single Puncture, 88.  
Locomotor Ataxy, Stretching of Right Sciatic, 251.  
Lumbago, Eucalyptus Oil in, 213.  
Lupus Vulgaris, Iodoform in, 27.

**M.**

Maggots in Unusual Situations, 372.  
Malarial Fevers, Sulphur Emanations in, 394.  
Malaria and Skin Diseases, 404.  
Malpractice Suit, 174.  
Manufacturing Doctors, 175.  
Measurements in Surgery, 294.  
Medical Colleges, 213.  
—— Council Examiners, 204.  
—— Meeting, 235, 241.  
—— of Ontario, 130.  
Medical Department Western University, 276.  
—— Library, 64.  
—— Society Meetings, 36, 69, 105, 136, 210, 245, 279, 309, 339.  
—— of New York, 143.  
—— of Toronto School of Medicine, 34, 62, 101, 132, 402.  
Medicine, Report on, 322.  
Medicus and Medical Schools, 131.  
Milk Diet in Bright's Disease, 85.  
Moral Insanity, 81.  
Morbili and Vaccinia Concurrent, 111.  
Murchison Scholarship, 206.  
Museum, An Annual, 276.  
Myxodema, 46.

**N.**

Nails, Loss of in Ataxy, 155.  
Naphthol in Skin Disease, 397.  
Narcotics and Responsibility, 316.  
Necrosis of Cranial Bones, 77.  
Nerve Stretching in Sciatica, 91.  
—— 119.  
Neurosis, Painful Pressure-points in, 393.  
Newspaper Offences against the Profession, 100, 131.  
Nicotinism, 117.  
Nipples, Sore, 302.  
Nitrite of Amyl, Antidote for Strychnia, 166.  
—— in Hour Glass Contraction of Uterus, 167.  
Nitro-Glycerine, Therapeutic uses of, 84, 154.  
—— Toxic Effects of, 45.  
—— in Toothache, 48.  
Nose and Throat, Mistakes to be Avoided in Diseases, of, 355.  
Nurses' Directory, 399.

**O.**

Obituary, 101, 144, 177, 209, 239, 308, 407.  
Obstruction, An Unusual Case of Intestinal, 109.  
—— Early Treatment of Prostatic, 158.  
Oedema Localized, 329.  
Old Age, 316.  
Olecranon Epiphysis Separation of, 297.  
Oleaze, 156.

Ontario Medical Association, 201, 204.  
Ophthalmia Neonatorum, 27, 303.  
Ophthalmology, Points of General Interest in, 188, 217, 253.  
Ophthalmology and Otolaryngology, Report on, 383.  
Optic Nerve, Stretching of the, 301.  
Orchitis, 269.  
Orthopaedic Lectures, 406.  
Our Contemporary, 237.  
Out Patient Departments of Hospitals, 274.  
Ovariectomy, 185.  
—— Death from Preliminary tapping in, 123.  
—— Practical Observations on, 160.  
—— Statistics of Thirty-two Consecutive Cases of, 124.  
Ovary, Hernia of, 298.  
Oxygenated Water in Surgery, 331.

**P.**

Pancreas, Successful Removal of Cyst of, 121.  
Papaya in Diphtheria, 156.  
Parsley as an Antigalactagogue, 27.  
Patella, Fracture of, 156.  
Pelvis, Fracture of, 386.  
Perineum, Prevention of Rupture of, 60, 167.  
Periostitis Alveolar in Diabetes Mellitus, 84.  
Peritonitis, Acute, in Children, 48.  
—— Treatment of, 262.  
Personals, 64, 103, 176, 207, 276, 307, 337, 373, 407.  
Pharmacy, Ontario College of, 134.  
Phthiriasis, from Hen Lice, 23.  
Phthisis, A Case of Acute, 221.  
—— Antiseptic Treatment of, 325.  
Physicians, Their own Photographers, 102.  
Picric Acid Test for Albumen, 395.  
Pilocarpine, in Oedema Glottidis, 49.  
Pleural Injections, Risks of, 53.  
Pneumonia, Diphtheritic Gastritis in, 83.  
—— Treatment of some forms of, 115.  
Pork Measle in Man, 330.  
Poroplastic Jacket in Spinal Curvature, 54.  
Potassium, Chlorate and Chloride, 300.  
Precancerous Stage of Cancer and Early Operations, 49.  
Prescriptions, Percentages on, 305.  
Pressure-points Painful in Neuroses, 393.  
Procidentia of the Gravid Uterus, 150, 167.  
Prostatic Obstruction, Early Treatment of, 158.  
Pseudo-hypertrophic Muscular Paralysis, 11.  
Puerperal Convulsions, Amyl Nitrite in, 166.  
—— Eclampsia, Etiology of, 303.  
—— Infection, Prevention of, 332.  
Pulse, Method of Counting a Rapid, 315.  
—— Slow, 70, 226.

**Q.**

Quackery, Ancient and Modern, 71.  
Quinine in Obstetrics and Gynaecology, 92.  
—— To Hasten the Action of, 156.

**R.**

Railway Accidents First Aid, 406.  
Rectum, Congenital Deformity of, 392.  
Rectum, Malignant Disease of, 390.  
Rectum, Sloughing of, 111.  
Register for Nurses, 64.  
Registrable Qualifications, 405.  
Repair of Wounds Delayed by Venereal Act, 102.  
Respiration Abnormal, 368.  
Rheumatic Purulent Conjunctivitis, 156.  
Rheumatism, Acute with Acute Endo-pericarditis, 229.  
Rhus Poisoning, Gelseminum n. 263.  
Ring Worm of Scalp, 300.  
Rough on Rats, Composition of, 398.  
Rötheln, 205, 265, 297.  
Rupture of Uterus, 80.

- S.**  
 Salicylic Acid in Tinea, 231.  
 Salivary Fistula, New Method of Treating, 301.  
 Sanitary Convention at St. Thomas, 344.  
 School Children, Hearing in, 95.  
 Schools, Union of the Toronto, 398.  
 ———— Unification of, 403.  
 ———— Closure of, for Zymotic Disease, 414.  
 Sciatica, Nerve Stretching in, 91, 301.  
 ———— Diagnosis of, 302.  
 Sea-sickness, 369.  
 Sequestra, Absorption of, 271.  
 Session, A Summer, 401.  
 Severe Falls without loss of Consciousness, 16.  
 Shoulder Dislocation, Reduction of, 388.  
 ———— Kocher's Method, 388.  
 ———— Kelley's Method, 388.  
 Shoulder, Reduction of Old Standing Dislocation of, 122.  
 Signs, Doctor's, 306.  
 Skin Grafting, 91.  
 Skull, New Method of Trephining, 86.  
 Smallpox in Birds and Poultry, 281.  
 Snake, The Man, 282.  
 Spleen, Spontaneous Rupture of, 369.  
 Splenic Pulse, 176.  
 Spinal Cord, Preparation of, for Microscopical Sections, 85.  
 ———— Curvature, A Case of, 193.  
 ———— Poroplastic Jacket in, 54.  
 Spine, Fracture of, 386.  
 Sponges, Cleaning of, 26.  
 Sponge-Dressing, 296.  
 Sprain Juxta-epiphyseal, 269.  
 Sputum, Significance of Alveolar Epithelium in, 300.  
 Still-born, Treatment of the, 303.  
 Stomach, Cancer of the, 14.  
 ———— Rupture of, 391.  
 Stricture of Descending Colon, Excision of, 157.  
 Strumous Glands, Treatment of, 271.  
 Students and Police, 34.  
 Suicide, Novel Method of, 236.  
 ———— Singular, 248.  
 Supra-Renal Capsules, Malignant Disease of, 390.  
 Surgery, Report on, 317.  
 Syphilis, Ammonio Mercuric Peptones in, 332.  
 ———— Bacteria of, 367.  
 Syphilitic Laryngitis, 27.
- T.**  
 Tænia Multiple, 85.  
 Teeth, Temporary Treatment of Caries of, 396.  
 Telegram Tatle, 213.  
 Telephonic Troubles, 213.  
 Temperature in Child Bed, 93.  
 ———— Central Nervous Affections, 299.  
 Tetanus Traumatic from Vaccination and Death from, 198.  
 Then and Now, 94.  
 Therapeutic Memoranda, 281.  
 Therapeutics and Pharmacology, Notes on, 5, 73, 145, 215, 286, 359.
- Tinea Kerion, 388.**  
 Tinea Versicolor, Annular, 91.  
 Tonsillitis, Soda Bicarbonate in, 48.  
 Tonsillotomy with Hemorrhage, 249.  
 Tongue Epithelioma of, 81.  
 Toothache, 10, 48.  
 Toronto School of Medicine Annual Dinner, 400.  
 Torsion of Arteries, 91.  
 Torticollis, Resection of Spinal Accessory in, 90.  
 Tracheotomy in Diphtheria, 59.  
 ———— in Diphtheritic Croup, 192.  
 Trachelorrhaphy, 289.  
 Trichinosis, 364.  
 Tribunal, A Medical, 102.  
 Trinity School of Medicine Annual Dinner, 402.  
 Trophic Nerves and Nerve Centres, 85.  
 Tubercle, 113.  
 ———— Hyaline, 115.  
 Tuberculosis, 327, 403.  
 Turpentine, Administration of, 85, 266.  
 Tympanism, Subclavicular, 329.  
 Typhoid Fever, Causes of, 37.  
 ———— Ergot in, 330.
- U.**  
 University of Toronto, Results of Examinations, 208.  
 ———— Trinity College Convocation, 208.  
 ———— Victoria College Convocation, 208.  
 Unpaid Service, Limits of, 130.  
 Unprofessional Advertising, 64.  
 Uræmia, Pathology of, 82.  
 Urinary Sediments Crystalline, 264.  
 Urine, Disinfection of, 307.  
 ———— Incontinence of in Children, 124.  
 Uterine Displacements, 58.  
 Uterus, Accidental Removal of, Recovery, 302.  
 ———— Removal of Fibro-cystic Tumour of, 293.  
 ———— Rupture of, 80.
- V.**  
 Vaccination. Tetanus from, 198.  
 Vaccine Virus, New Source of, 143.  
 ———— Proper Mode of Preserving, 150.  
 Vaginitis, Formula for, 302.  
 Variola, and M. Pennes' Antiseptic, 265.  
 Venesection in Convulsions, 288.  
 Veterinary College Dinner, 64.  
 ———— of Ontario, 99.  
 Viability of Premature Children, 272.  
 Victoria College University, 134.  
 Viola Tricolor in Chronic Eczema, 110.  
 Virginia, University of, 303.  
 Vision, Causes and Consequences of Defective, 283.
- W.**  
 Watson, Sir Thomas, 405.  
 Western Farming, 65.  
 Whooping Cough, The Nerve Element in, 83.  
 ———— Carbolic Acid in, 20.  
 Wool Prepared and Medicated, 395.  
 Wounds, Absorption from, 53.  
 ———— of Bladder, Treatment of, 89.  
 ———— Bullet, Treatment of, 88.





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113.  
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TORONTO, JANUARY, 1882.

**Original Communications.**

**THE SEQUELÆ OF DIPHTHERIA.**

BY R. W. POWELL, M.D., OTTAWA.

(Read before the Ottawa Medico Chirurgical Society,  
25th Nov. 1881.)

[After a citation of experiments demonstrating the inoculability of diphtheria from the pseudo-membrane, Dr. Powell continued:—]

The sequelæ of diphtheria are of a very important character, and have long been observed. They were, we may say, among the first peculiarities that stamped this as a special disease, due to a specific morbid poison which reproduced itself and nothing else. They were not found following other diseases of the throat, nor do some of them occur after any of the other diseases of the zymotic class, and are sufficient, to my mind, to enable us to place this disease among the general, as distinguished from the local disorders. They are, furthermore, of importance, as they cannot be foretold; and the mildest case of diphtheria is apt to become serious from their occurrence.

Among them we have albuminuria, asthenia, cardiac thrombosis, acute nephritis, and paralysis.

*Albuminuria*, though often more a complication than a sequel, is of importance as affording an indication for treatment, and may be taken up in this connection; and also because though usually beginning during the course of the disease, yet will continue for a long time after it, producing a true anæmia.

As I say, it usually comes on early in the disease, and was noticed as a concomitant symptom of this peculiar throat lesion as early

as the year 1857. The quantity varies greatly in different cases from a mere trace to a sufficient amount to render the urine semi-solid on boiling. Strange to say, however, the quantity of albumen present in any given case does not afford a true or positive indication of the severity of the attack; it often being in large quantities in tolerably mild cases and *vice versa*; but the long continued presence of albuminuria is of grave significance as regards a favourable prognosis, not alone as indicating any serious condition of kidney disorganization, but because, as I hinted before, the continued and prolonged drain of albumen from the blood produces an anæmic condition, which seriously retards recovery.

The albumen is often of hæmic origin as well as from diseased kidneys, and this will account for the fact that even when albumen is being given off in large quantities yet dropsy may be absent and no symptom of uræmic poisoning present, because no obstruction exists to the elimination of urea. In many such cases as much as 600 gr. of urea being eliminated in twenty-four hours, *i.e.*, three times the normal amount.

When of nephritic origin, and accompanied by smoky urine and casts and deficient urea, then it is more serious as indicative of structural disorder. I said it is often of hæmic origin, and this I infer from the fact that at autopsies of cases where large quantities of albumen were given off, the kidneys were only moderately congested, or only to an extent we would reasonably expect in a case of blood poisoning of such a nature as diphtheria. On the other hand, serious kidney trouble will occur, accompanied by general anasarca, as I

observed in a recent case; and moreover, M. Wade reports a case where death occurred, and an autopsy was performed on seventh day. Here he found a large white swollen kidney, as in scarlatinal nephritis.

As regards albuminuria as a prognostic sign, some difference of opinion seems to prevail; but what I have given you seems to be the general opinion. Still, we have Hillier stating he examined thirty-eight cases in regard to this point, and found albumen present in thirty-three and absent in five. Of the thirty-three albuminous cases thirty-two died (cause of death not given), and the five non-albuminous recovered.

Trousseau and Morell Mackenzie both look upon it as an uncertain prognostic sign and that it has only a limited significance. Other authors seem to dismiss the whole matter in a few words, and Eberth thinks that the quantity of albumen is usually proportionate to the severity of the case.

*Asthenia.*—Any one who has been actively engaged in treating diphtheria will have noticed from the very first the peculiar condition of depression presented by the patient, and this in mild as well as severe cases. It does not appear to be the same state, as will be observed after ordinary pyrexial conditions, because, as I say, it will be noticed from the very outset. The listless appearance, disinclination for movement, heavy eyelids, stupid expression, etc., are nearly characteristic. There is from the outset a tendency to death, and it will not do, at all events in this disease, to sit by and content ourselves with watching the course of the symptoms and guiding the attack. Something more active is imperatively demanded from us, and we are bound in my opinion, to ward off the asthenia. If we have nothing else to attack in the way of complication, such as a croup, hæmorrhage, nephritis, delirium, etc., we always can do battle against the asthenia.

As to what this condition is due to we do not know, but it would seem to be the effect of the poison on the central nervous system, both brain and cord. It is not a muscular weakness as after pyrexia, nor is it due to failure in the circulation; but it seems to be coincident

with the presence of the diphtheritic poison in the system. It is part and parcel of the disease.

Peter Eade, as early as 1859, calls attention to this very point, and observes that in some of these cases it approaches pure asthenia more than anything he had ever previously witnessed. The appropriate therapeutics will occur to you if this reasoning is correct, and I for one consider alcoholic stimulation a necessary factor in the successful treatment of this affection. Not that cases will not recover without it, but by withholding it, I consider we deprive the patient of one powerful means of preventing perhaps a fatal issue after his apparent recovery.

Don't let us wait to fight the asthenia when it comes on unpleasantly fast, but let us fortify the system against its occurrence. I believe death will occur from this sequel alone without any other factor.

I was called to see M. M—, æt. 11 years, male, on Nov. 17, 1881. Had a severe attack of diphtheria, beginning nineteen days before; said to have been unusually severe, with much swelling of glands of neck, difficulty of swallowing, etc. When I saw him he appeared greatly exhausted, pale, and refused nourishment; occasional vomiting, especially after milk; speech distinctly nasal; complained of epigastric weight, and a feeling of sinking. On feeling the pulse I was at once struck with its remarkably slow action. It was quite regular, but had a distinct interval between each pulsation. On counting it several times, so as to make sure, I found only twenty-six beats per minute. It felt simply as if the heart was tired out, and so it proved, because any treatment was now of no avail; and though he continued to take a little fluid nourishment, spoke, and said he felt getting better, he gradually sank and died three hours after my visit. It may be interesting to mention that the gentleman who attended during the illness recommended that no stimulants be given.

Called to see J. B—, male, æt. 16, a strong, healthy young man, Oct. 18, 1881. I was attending a case of catarrhal nephritis in the house at the time (the child of another

person), and was asked to see this case. It had been going on for two days, but the mother had some sovereign remedy of her own and thought she could manage it alone. I found the boy with a very severe attack—high fever, bounding pulse, throat much swollen, and glands of neck standing out in a bunch as big as my fist on either side; tongue swollen and having a thick fur, saliva running from the mouth; uvula, soft palate, tonsils and pharynx one complete mass of disease, and an exceedingly offensive stench from the breath. I put him under treatment by iron potass. chlor. and lime water, both as a gargle and to take internally, and added brandy as a regular part of the treatment. I had not previously attended this family, and simply saw the case as I was in the house. Two days after, I met the regular attendant, Dr. F——, and we both thought the case one of great peril. I found he had not used the remedies I left, and refused stimulants. During the next two weeks I was visiting quite close to this house, and heard from time to time that J. B—— was progressing favourably, and, on my last inquiry, I learned that he was up and had been out as far as the barn. They did not ask me to see him, so I supposed Dr. F—— continued in attendance. However, it turned out that they continued treatment as best they could with the remedies we had prescribed, and neither of us watched the case. They had great difficulty, as is commonly the case, in getting him to take proper or sufficient nourishment, and the stimulants he declined, and I suspect they were never pushed. Three weeks from the time of my first visit, i.e., Nov. 8th, they came for me again, saying he was very ill. I declined going at first, on the ground that I could take no responsibility, as I had not the opportunity of directing treatment during convalescence, and I had a suspicion as to how I would find him. They pressed me, however, and I finally yielded. I found him lying down; voice weak; looked pale; muscular system flabby; short cough; voice, nasal slightly; restless; vomiting and feeling of profound depression referred principally to the cardiac region; would take no solid food, and liquids

constantly returned; throat quite well, but distinct paralysis of soft palate, and, from the difficulty of swallowing, I should judge also of the pharynx; pulse, soft and compressible and about normal, or if anything slower. He was drowsy. I hoped he might rally, and I put him on appropriate treatment; but he gradually sank and died two and a half days after I saw him and before my next summons. This man, in my opinion, reduced his chances and even caused his death by refusing stimulants. Of course, no one was by to press them.

*Cardiac Thrombosis.*—This fatal sequel has been noticed frequently after diphtheria, but cannot be said to be peculiar to this disease. Several factors may be responsible for its occurrence, and probably all combine to produce the fatal result. The blood itself is gradually brought into a condition favourable for coagulation by the pyrexia, and it may have some special chemical ingredient altered in this as well as other of the blood diseases, whereby the fibrine more easily forms, because it is not now thought to exist as such in the circulating fluid; and then, again, we have a condition of heart favourable to retardation of fluid circulating in it, as well as sometimes actual inflammation of the endocardium.

The symptoms of this are said to be precordial distress, anxiety of countenance, great restlessness, pallid surface with cold sweats, and a sense of impending death. Its rapid onset and fatal consequence render it one of the most frightful of the sequelæ. The pulse is also soft and irregular, and usually very rapid and often a heart murmur.

To prevent such a condition, I should think the indication would be to support the failing heart; to keep the blood as pure as possible, by seeing that the excretory organs were in proper action; to keep the blood also well supplied with fluid; and to administer, if necessary, ammonia.

*Acute Nephritis.*—This sequel has been observed in connection with diphtheria, but in far less frequency than after scarlatina. The occurrence of nephritis at one time caused the belief that the poisons of the two diseases just mentioned were alike. This, however, is not so. It was observed to follow diphtheria

as early as 1857, i.e., when this disease was under close observation, and a case of death with general anasarca is reported in the *Lancet* of that year. The cause of it is probably the same as scarlatinal nephritis—cold acting on an already irritated kidney. But cases occur where every precaution is taken, and it seems to be due to the actual violence of the poison acting on fine kidney structure during its passage from the body, and also probably it has a special affinity for kidney. The symptoms I need not detail to you, nor need we discuss the treatment.

I was asked to see a little boy of Mr. B——, æt. 9 years, on Oct. 9th, 1881. The child had just recovered from an attack of diphtheria. One brother had died of it at the same time, and while I was attending this boy I saw the case of J. B—— just related. Besides this, his speech was distinctly nasal and he was very weak, as evidenced by paleness and loss of muscular power. He had quite recovered the throat lesion. I found him chilly and miserable. He complained of headache, pain at the xiphoid cartilage and in epigastrium, for which mustard had been applied and had given him relief. His bowels were confined and urine scanty, and I could not obtain a specimen. He was coughing; pulse small. I gave him a purge and an expectorant. Sent for again in four days. He was still coughing and the expectoration was well established. There was œdema of base of lungs; general anasarca was also present, but moderate; his urine high-colored, scanty, and albuminous but to a moderate extent. I now changed the treatment and gave him pulv. jalap. co. and cream of tartar each night, an extra blanket, purely milk diet, and a mild diaphoretic and diuretic mixture. In four days more the dropsy gradually subsided, and was coincident, of course, with free purgation and re-establishment of the secretion of urine.

By Oct. 20, all œdema had completely gone, and he gradually returned to full diet; was soon up and about, and began then a mixture of tincture of iron. No uræmic symptoms.

*Paralysis.*—We now come to the most peculiar of all the sequelæ, but fortunately one that is not by any means necessarily fatal nor even prolonged, usually not extending much

beyond controllable limits and amenable to treatment. Still, when present, it is the cause of very disagreeable sensations, interfering often with the function of the special senses, and with deglutition, respiration, and circulation.

The exact cause of this lesion is not determined, as far as I am aware, but the prevailing opinion seems to be that it is a change which occurs primarily in the part affected by the local lesion of diphtheria; and certain it is that the vast majority of cases agree to this theory, because they principally are connected with the nerve supply of the throat and adjacent parts. The pneumogastric nerve seems to be often affected, and the paralysis will sometimes extend to nearly all parts which receive their supply from it—the pharynx, the larynx, the bronchi, the stomach, the heart, and so on—and thus we have vomiting, death from suffocation, owing to the rima glottidis allowing foreign bodies to enter larynx, being deprived of its sensibility; dysphagia and regurgitation of food and liquids into the mouth and nose, owing to the non-action of the velum and uvula. As to the heart affections there is some doubt, because the pneumogastric filaments are known to act as depressors, and paralysis of them ought to have a stimulating effect on the heart. Still the morbid influence may be in the sympathetic filaments in the same nerve and which act in an opposite way. The glosso-pharyngeal is also implicated, as known by loss of sensation in parts supplied by it. The disturbance of sight is due to paralysis of ciliary muscle and, consequently, loss of accommodation.

This can be rectified artificially by convex glasses of suitable strength till the nerve power is restored. The deafness is most likely due to paralysis of the very muscles we have been speaking of in the pharynx, whereby the opening of the eustachian tube is rendered of no service and the same effect is produced as in cases of relaxed sore throat and granular pharyngitis, though from a different cause, no communication being possible between the air on either side of the drum membrane.

This paralysis will occasionally extend to other nerves, and even produce the various

lesions due to paralysis, from nasal speech to hemiplegia. The immediate cause we cannot say, but there is good reason to suspect that the whole trouble is not only local and produced by the poison in the terminal ends of the nerves, but is partly due to the action of this poison on the central nervous system through the blood, as I mentioned before when speaking of asthenia.

However, were this the actual cause of the paralysis, it would probably be more persistent when once it occurs than it really is. Might we not have both causes acting together to produce this result: the dyscrasia of the blood reducing the supply of food to the central nervous system, thereby rendering it more liable to attacks upon its integrity; the exciting cause being the local disease acting on the terminal fibres of the nerves and then the lesion gradually extending.

On this theory we must take it for granted that nerves will conduct morbid processes as well one way as another, i.e., sometimes opposite to their ordinary mode of conducting impressions. This is, I think, already granted. To show clearly that the local disease plays a chief part in this paralysis, at all events at its commencement, I have only to call your attention to a case reported by a Dr. Mackenzie, in November, 1859, of diphtheria of the rectum, which was followed by paralysis of the left lower extremity and severe neuralgia of the same.

199 Rideau Street, Ottawa.

#### BI-MONTHLY NOTES ON THERAPEUTICS AND PHARMACOLOGY.

BY R. L. MACDONNELL, B.A., M.D., M.R.C.S., ENG.

(Assistant Demonstrator of Anatomy in McGill University, and Physician to Montreal Dispensary.)

The Fifteenth Section of the International Medical Congress, that of *Materia Medica* and Pharmacology, does not seem to have attracted to its sittings as many eminent writers as did some of the others; nevertheless, there were some very sound papers read there, and the practitioner will be able to glean some useful information from their perusal.

The plan of Professor Eulenburg, of Greifs-

wald, of establishing a universal Pharmacopœia, is one to be commended. It has been discussed at the Congresses of 1875, 1877, and 1879, but no progress whatever has been made as yet. It is proposed that the Latin language should be used,—official translations being, of course, permitted. Weights, measures, etc., are to be arranged according to the French Metric System, and temperature by the centigrade thermometer. The most desired change of all will be the expulsion of the inert drugs which form the bulk of our codes. Remedies of general use, and of the highest importance, alone are to find a place in its pages.

Why do not our lecturers on *Materia Medica* insist upon their students practising the Metric System? This, however, is scarcely to be hoped for, since most young men go into the world entirely uninstructed in the art of prescribing and prescription writing.

"Bromide of Ethyl" was the subject of Dr. William Squire's paper. After referring to its action as an anæsthetic in surgery, he described the method of using it in those cases where very slight anæsthesia is required. Twenty or thirty drops will saturate a square inch of lint; this held to the open mouth on a handkerchief, during three or four deep inspirations, will cause a tingling sensation down the arms, with a feeling of fulness about the head and ears; the breathing is freer and deeper; the pulse, a little fuller and softer, is not quickened. These slight effects disappear in a few minutes, when, should the inhalation have only partially relieved the dyspnoea, megrim, or neuralgia, for which it is used, it is to be repeated,—the condition requiring relief returns then less rapidly, after a longer or shorter interval, or not at all. In this way he has seen headaches of long duration, beginning with a tight pain across the temples, and ending in violent throbbing, arrested and prevented; intense side-stitch, suggestive of cardiac disease, recovered from altogether; dyspnoea, both vascular and renal, effectually relieved, and spasmodic cough controlled.

Pilocarpin is a remedy now-a-days attracting a good deal of attention. Dr. Wm. Squire gave a second paper upon its actions and uses. There are two alkaloids in *jaborandi*—pilocar-

pin and jaborin—of different, even of antagonistic properties. Hence the infusion or tincture of jaborandi is less certain, and perhaps less safe, than the pure alkaloid. It is possible that pilocarpin itself has not always been obtained quite free from admixture with its associated but antagonistic jaborin. Muriate of pilocarpin, in simple solution, is the best form to use:—1 grain to 15 minims of water for hypodermic use; 1 grain to 4 oz. of water for internal use are convenient proportions. One-third grain is the largest, one-fifteenth grain the smallest dose needed.

Dr. Squire's plan is to give a full dose at once; others give small doses every hour with some warm drink or alcoholic stimulant, till perspiration and salivation are freely established. A drachm of the tincture, made with thirty grains of the leaf, is equivalent to one-third of a grain of pilocarpin. One-fourth of a grain of the muriate, injected hypodermically, will in a few minutes produce suffusion of the face, quickened pulse, some throbbing in the neck, and a general feeling of warmth, followed by free perspiration. This is soon streaming profusely from all parts of the surface, and continues long after the skin has become pale, or even cool; the pulse subsides, whilst the force of the heart's impulse is rather increased; there is a tendency to sleep, and generally a fall of temperature; the perspiration goes on for three or four hours; there is an increased flow of saliva, and some increase of pharyngeal, and sometimes of bronchial mucus, that may give rise to trouble during sleep and require attention,—such a quantity of saliva may be swallowed as to excite vomiting. No headache, sickness, or depression, has been noticed as a direct result of this medicine. All the secretions of the body, except the intestinal, are increased by it; the quantity of urine, hardly lessened during perspiration, is increased afterwards. Dysuria has not been met with. Swelling and tenderness of the sub-maxillary salivary glands have remained for a day or two after profuse ptialism. The action of the drug is on the peripheral secreting apparatus, and not on the nerve centres, except so far as the first action on the vaso-motors may dilate the vessels, and allow the agent freer access to the glands.

Pilocarpin is not anæsthetic. The perspiration induced by it does not relieve dysmenorrhœa, sciatica, or colic. It does not modify specific fevers; but given near the time for the separation of the false membranes in diphtheria, it aids the fall of temperature and favours sleep. When there is already collapse, of course it can do no good. It is useful in the febrile relapse of scarlatinal nephritis. The use of it has been chiefly in the different kinds of Bright's disease. It may be unsuited to that particular form where dilated vessels and diminished blood-pressure are associated with a large quantity of albumen; yet, in these very cases, it is serviceable to the inter-current exacerbations and conditions of accidental congestion, not infrequent in their course, and it is preferable to the hot pack or the vapour bath. In the early stages of interstitial nephritis, of gouty origin, it is of great benefit; in the chronic course these cases generally follow it is often useful; it may be resorted to in some of the extreme effects of renal dropsy, and the relief obtained is not accompanied by great depression. In the chronic results of parenchymatous nephritis, as after scarlet fever, it has been found useful; and that it need not be withheld in some cases of scarlet fever itself, is proved by the remarkable results obtained from it by Guttman in the treatment of the kindred disease, diphtheria.

We have now a new ally in our warfare against the tapeworm. Pelletierine is the alkaloid of pomegranate bark. Dr. Dujardin Beaumetz read a paper to the Congress upon its action, as well as that of Valvidine and Cedrine. Pelletierine was discovered by Tanret in 1878. Its name commemorates the services of the French chemist Pelletier, the discoverer of a large number of alkaloids, and in particular of quinine. Pelletierine is a tænicide. The author prescribed the sulphate of pelletierine in combination with tannin. Thirty centigrammes of the sulphate, in a solution containing ninety centigrammes of tannin, is given on an empty stomach. This dose is followed by one of thirty grammes of tincture of jalap. This treatment is followed by the compound expulsion of the tapeworm with its head, in a majority of cases (nine out of ten).



The above dose is only suited for adults. Recently, in Montreal, I saw a fine specimen of the head of the *tænia mediocanellata*, driven from its home, evicted, in fact, by pelletierine after the failure of the usual remedies. Pelletierine, in the form of a tannate, is to be had in this city.

Strychnia is introduced to the profession in a new role, that of an expectorant. Dr. Milner Fothergill states that at the Hospital for Diseases of the Chest he has found this alkaloid most useful when the respiration was embarrassed. In acute bronchitis and emphysema it relieves the labouring respiration, and when the right ventricle is dilated, adds to the efficacy of digitalis most usefully. In lung consolidation it is also of service,—indeed, in all cases where the number of respirations mounts over the ordinary proportion to the beats of the heart (about 1 to 4), it has seemed to be of the greatest utility.

In Sub-section IV., "Diseases of the Throat," Dr. Morell Mackenzie draws up the following conclusions with regard to the local treatment of diphtheria:—

1. *Ice* is useful in first stage, both internally and applied externally to the neck; contra-indicated when it causes pain, in young children, in advanced stages, and specially if gangrene be present.

2. *Steam inhalations* of great service when the false membrane shows a disposition to separate, and when it is situate in the larynx or trachea.

3. *Solvents* administered by swabbing, or in the form of spray, often highly beneficial. Lime water and lactic acid the best.

4. *Antiseptics very important*: carbolic acid, permanganate of potash, and chloral hydrate; the last being the most certain.

5. *Anterics*, or varnishes, i.e., remedies which exclude the air from the false membrane. Tolu dissolved in ether is the most serviceable; simultaneous employment of other local remedies (ice, steam) not prevented by the use of these agents.

6. *Caustics* are always injurious, whilst astringents are useless and sometimes hurtful.

Dr. A. Tobald, of Berlin, read a paper on the same subject, and came to the same con-

clusions. He further recommends cold packing of body or neck, or half baths when the temperature is high.

How to treat a case of diphtheria complicated by the presence of chronically enlarged tonsils? Dr. Lennox Browne, of London, recommends their removal, as a local measure having the best result; (1) As removing an impediment to the respiration; (2) As preventing the downward progress of exudation; and (3) As an early substitute for, or prevention of, the more dangerous measure of opening the windpipe.

In the section of Obstetric Medicine and Surgery, Dr. Barnes, in his paper "On the Treatment of Puerperal Hæmorrhage" still recommends iron injections. He analyzed the dangers of uterine injection, ferruginous or other, and shows that the dangers peculiar to iron injections are few, and for the most part avoidable.

This paper is followed by one on the same subject by Dr. Thomas More Madden, Obstetric Physician to the Mater Misericordiæ Hospital in Dublin. Here we have a crumb of comfort for the timid man-midwife, for the author states that in a practice of upwards of twenty years in various countries, tropical as well as European, and during his connection with the largest lying-in hospital in Great Britain, he has only seen one case of death from hæmorrhage after child-birth. To prevent flooding, the membranes should be ruptured as early as possible during labour, so as to allow the uterus to contract gradually and firmly; and a dose of ergotin, or a drachm of the fluid extract of ergot, should be injected hypodermically before the head comes to press upon the perinæum. As a prophylactic of hæmorrhage, the efficacy of a course of any astringent preparation of iron given during the last months of pregnancy is unquestionable.

The injection of hot water he thinks uncertain, and only useful in cases of extreme depression of the vital powers from excessive hæmorrhage, and after the failure of other remedies. The injection of a strong solution of perchloride of iron, although generally as a styptic, is so hazardous, from the risk of its causing metro-peritonitis, that the writer now

seldom resorts to it. But he strongly recommends what he regards as a most effective and comparatively safe method of arresting post-partum hæmorrhage,—namely, the introduction of a sponge, soaked in a solution of the perchloride of iron, which is to be passed into the uterus (grasped in the accoucheur's hand), and retained there until a firm contraction is produced, by which the sponge, and the hand in which it is held, are expelled together from the uterine cavity, and the flooding is stopped. External manual pressure is to be made over the uterus, in all cases, until contraction takes place.

"Recent Advances in the Therapeutics of Diseases of the Skin" is the title of the opening lecture of the summer session in the extramural school of Edinburgh, and it was given by Dr. W. Allan Jamieson.

The writer highly approves of chrysophanic acid in psoriasis, but thinks that Mr. Balmano Squire's ointment (two drachms of the acid to the ounce) is too strong, and recommends a milder application (ten to fifteen grains in the ounce) of vaseline. An ointment of twenty grains will, I have found, answer admirably for cases in private and out-door practice. There is not so much erythema produced as is commonly supposed, and the treatment though ultimately successful, requires time. The stronger preparation is useful in cases where the patient can be kept in bed, or where a rapid cure is called for. Dr. Jamieson thinks that chrysarobin, while equally efficacious in curing (for the time) psoriasis, is less apt to induce the troublesome and alarming erythema, which so often follows too energetic a use of chrysophanic acid. In psoriasis, it should be borne in mind that a little of the ointment well worked into the patches, previously cleared of their scales, does infinitely more good, and less harm, than a great deal dabbed in. Practitioners too often prescribe ointments without taking care to have all scabs, etc., cleared off the diseased surface, and it is one of the most common causes of failure in these cases.

Pyrogallic acid is not thought to be well adapted for extensive surfaces. For psoriasis affecting the scalp it is perhaps a better application than chrysophanic acid, inasmuch as the

conjunctivæ are not affected by it. It may be prescribed in strength of one drachm to the ounce of lard or vaseline. Besides its value in psoriasis, pyrogallic acid seems also to exert a slowly destructive action on some forms of new growth, especially those which are allied in a somewhat natural class around the sarcomata. These it causes gradually to wither away, and opens up a more hopeful prognosis in the case of tumours so apt to recur as these are. Dr. Jamieson thinks that it exerts an influence something like tanning. Under its use the growth becomes smaller, denser, and less apt to bleed, and crumbles away in parts. It irritates the skin round the tumour, so that it must be guarded by covering.

In chronic eczema of the palms, where it lessens the itching, and helps the fissures to heal, the author has found the common flexile collodion a valuable application,—a point worth remembering when we have such cases to heal.

What can be done for tinea trichophytina cruris, the so-called eczema marginatum? Here the parasite finds a favourable nidus, and suitable conditions for its growth in the warmth and moist situation of the inner surface of the thighs and adjoining parts of the scrotum. Freshly prepared sulphurous acid is the remedy. It must be quite fresh, for it soon becomes partly converted into sulphuric acid, an irritant, not a parasiticide. It should be sponged freely over the part several times a day. It soon lessens the itching, and eventually cures the disease. Any excess of irritation caused by the acid subsides when the use is discontinued for a day or two, and some soothing ointment or lotion substituted for it.

The oleate of mercury is highly recommended as a reliable parasiticide in the most obstinate cases of deep-seated tinea tonsurans of the head in children. A case is quoted where five or six applications cured a case of four months standing, and in which the fungus was proved by the microscope to be deeply seated.

One can scarcely have too many modes of resuscitating patients in chloroform narcosis. A simple one is that recommended by Schirmer (*Centralblatt f. Augenheilkunde*) quoted by the *St. Louis Medical and Surgical Journal*, April,

1881. It is known that in such cases the fifth nerve is the last to lose its sensibility. Schirmer irritates the nasal mucous membrane with a rolled piece of paper which he turns in the nose. In dangerous cases he dips the paper in ammonia. This plan seems an excellent one. I took advantage of this peculiarity of the fifth nerve some time ago. A hysterical girl lay in a state of insensibility; cold affusions had little effect. An injection with a common syringe, charged with water, into the nostril, brought her to instantaneously.

### CLINIC AT TORONTO GENERAL HOSPITAL.

BY J. E. GRAHAM, M.D.

Physician to the Hospital and Adjunct Lecturer on Medicine, and Lecturer on Skin Diseases in the Toronto School of Medicine.

(Reported by G. W. Clendenan.)

GENTLEMEN,—The case which I present to your notice to-day exhibits a combination of the symptoms of two diseases, viz., one of the lymphatic system—Hodgkin's disease; the other of the nervous system—locomotor ataxia—the latter presenting some peculiar features. Both diseases are very rare as well as very obscure in their causation.

The following is the history of the case under consideration:—

Thos. McL—, æt. 29, born in Canada. Married, occupation farmer.

*Family History.*—Good. Father and mother both living, and quite healthy.

*Previous History.*—Has always enjoyed good health up till July, 1880, then, while working in the lumbering districts of Michigan, was prostrated with a severe attack of ague which continued for six weeks. After recovery he felt very weak, and complained of a severe pain in the lower part of his chest, affecting him mostly at night. This continued for three months and then disappeared.

Last February (1881) he began to complain of a severe pain in the lumbar region, extending upward, and also down his legs. Had to give up work entirely the pain being of so severe a character.

About this time the glands of the neck, axilla, and other parts of the body began to

enlarge. He also complained of night sweats which continued till about the 1st of May, and was troubled too with nightly emissions.

Early in June, while coming to Canada, he caught a cold which lasted a week and a half, shortly afterwards this was followed by another severe cold lasting three weeks.

In July, upon waking up one morning, he noticed a numbness of his right arm; before night the same feeling had extended to his left arm and to both legs. During the course of four days it had extended over all portions of the body except the head. At this time he was seized with paralysis of the bladder and bowels, the former of which lasted three weeks. The paralysis of the bowels, however, continued for two months before he fully recovered their use. For the last three or four weeks he has been gradually losing ground.

*Present Condition.*—Patient is quite pale and emaciated, having lost fully 25 pounds.

The glands of the neck, axilla, and groin are very much enlarged and hard to the touch. The spleen also presents some enlargement. Appetite poor, bowels regular, pulse 120, temperature  $99\frac{1}{2}^{\circ}$ . Upon examination of the blood by the hæmacytometer Dr. Sweetnam found a deficiency of the red blood corpuscles (3,900,000 in a cubic millimetre, or about  $\frac{1}{4}$  of the normal number).

*Sensory Nervous Symptoms.*—Eyesight good, pupils slightly dilated but respond readily to light. The ophthalmoscope revealed no abnormality, tactile sensation slight, with more or less anæsthesia of all parts of the body except the head. He has slight loss of muscular sense. He cannot readily distinguish between weights, nor can he feel the prick of a pin, although he experiences pain when punched or struck. He also complains of fulgurating pains extending down the limbs.

*Motor Nervous Symptoms.*—He has want of co-ordination of his muscles, and walks with a peculiar staggering gait, which is especially marked upon closing his eyes. While walking he has a sensation of "pads" under his feet. He also has extreme difficulty in picking up a pin or buttoning up his clothes. The patella tendon reflex is entirely absent.

*Trophic Nervous Symptoms.*—There is some

wasting of the muscles, especially of the hands.

*Diagnosis.*—First of the glandular condition. It is possible to have enlargement of the lymphatics in various affections, viz., syphilis, scrofula, sarcoma or carcinoma, leucocythæmia, and in Hodgkin's disease.

I think we may exclude syphilis without further comment, as there is no history of it whatever. Had there been any such history it would have been very easy to account for both conditions present in the case.

The diagnostic points in scrofulous disease of the glands are (1) It occurs usually in early life; (2) It is accompanied by other manifestations, as caries of the bones and low inflammations of the mucous membranes, etc.; (3) There is a tendency to breaking down and suppuration. In this case none of these features are exhibited. It must be admitted, however, that the diagnosis between scrofula and Hodgkin's disease is often difficult and sometimes almost impossible. Sarcomata sometimes affect the lymphatic glands, but not so generally as we find in this case. In carcinomata the glands are not usually affected unless the infectious material is conveyed from some existing tumor near at hand.

Finally, we have limited the diagnosis to two diseases, viz.: Leucocythæmia and Hodgkin's disease, in both of which enlargement of the lymphatic glands as well as of the spleen occurs, together with a diminution of the red blood corpuscles. In leucocythæmia, however, we have an excessive preponderance of the white blood corpuscles, whereas in Hodgkin's disease the white corpuscles are either normal or slightly increased. Upon examination of the blood we have found the latter condition present.

Therefore, from such examination as well as from the general symptoms present, I am inclined to the belief that the condition of the glandular system seen is that of Hodgkin's disease. The case, however, has not been under observation long enough to make an absolutely certain diagnosis. The clinical history of the above disease is characterized chiefly by two conditions, viz., an enlargement of the lymphatic glands, and a certain abnormal

condition of the blood the latter often giving rise to the most important symptoms of the disease.

1. As to the enlargement of the glands. This condition may be general, local, or both general and local. The single glands are firm and smooth, and as a rule vary in size from a small nut to a hen's egg, but we may have aggregated masses of them often weighing several pounds. To the touch they are usually not painful, but from pressure upon surrounding structures may give rise to varied symptoms: thus the enlargement of the glands of the neck may obstruct the circulation to the brain by pressure upon the carotid arteries, thereby causing cerebral anæmia; again, the intrathoracic glands are sometimes affected, and by their pressure upon the lungs, give rise to the most distressing symptoms of coughing and dyspnoea: also by pressure upon the nerves they may give rise to neuralgia and paralysis. The spleen in the majority of cases is of moderate size, but occasionally it reaches immense proportions, weighing from eight to nine pounds. The liver and kidneys also may be enlarged. The sexual organs too are sometimes the seat of lymphoid growth. The heart and lungs are frequently affected.

Regarding the condition of the blood, we find more or less anæmia, which is one of the most conspicuous features of the disease; the corpuscles often becoming reduced to as low as sixty per cent. of the normal standard. The temperature is usually high, varying from 100° to 103°.

*Morbid Anatomy and Pathology.*—The glands and various organs affected are found to be much hypertrophied, and composed largely of lymphoid and fibrous matter, both being very much increased. The lymphoid growth, upon microscopical examination, is found to consist of rounded cells existing in a fine fibrous stroma, and presenting a strong resemblance to the round-celled sarcoma. If the deposition goes on rapidly there is a greater amount of cellular formation; if, however, it progresses more slowly, it partakes more of a fibrous nature. The glands are soft or hard, according to the rapidity of the deposit. In this case, from the hardness of the glands, the small

amount of anæmia and the comparatively low temperature ( $99\frac{1}{4}^{\circ}$ ), I would conclude that we have a comparatively mild and chronic form of disease to deal with.

*Treatment.*—Much cannot be done in the way of a cure. The treatment now adopted is the same as that for scrofula: tonics, cod-liver oil, arsenic, strychnia, and phosphorus are the remedies mainly relied upon. I have, in a previous case, tried chaulmoogra oil, but without any marked benefit. If we knew more regarding the causation we might be able to prevent the onset of what appears to be an almost incurable condition.

Now, as to the nervous disease, you will no doubt notice the presence of most of the symptoms which I gave you in a previous lecture on locomotor ataxia. There are shown the numbness, the want of co-ordination, lightning pains, and the absence of the patella tendon reflex. From the history given it is probable that in July last the patient suffered from a subacute myelitis attacking principally the posterior columns: other portions of the cord were no doubt also affected. There was probably also congestion of the membranes. It would appear, however, that after the more acute symptoms passed off the posterior columns remained permanently sclerosed, thus accounting for the signs now exhibited.

There may be also some abnormal condition of the anterior cornua of the gray matter giving rise to the partial atrophy of muscle. The severe pain which the patient experienced in the lumbar region during February, may have been caused by meningeal trouble.

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M. Vulpian has resigned the Diaconate of the Paris Faculty of Medicine, a step deeply regretted on all hands. M. Beclard has been nominated his successor. Vulpian was the twelfth Dean of the Faculty, his predecessors being Augustin Thouret (1794—1810), J. J. Leroux DesTillets (1810—23), Landré Beauvais (1823—30), Antoine Dubois (1830—31), Orfila (1831—48), Bouillaud (1848—9), P. Berard (1849—52), Paul Dubois (1852—62), Rayer (1862—64), Tardieu (1864—66), Wurtz, (1866—1875), Vulpian (1875—81).

## PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS.

BY L. M. SWEETNAM, M.D., C.M.

The following is a description of a case of the above-mentioned disease, in which during the past few weeks in the Out-Patient Department of the Toronto General Hospital we have been using the galvanic current under the direction of Dr. I. H. Cameron, at whose request we report the case.

F. H., aged eleven years and four months; a bright eyed, active intelligent little fellow, with a light complexion, and curly hair, and reasonably tall for his age, was unusually pale and delicate-looking when born, this condition being attributed by his mother to excessive grief and worry experienced by her during his gestation. He began to walk at the age of 16 months, while his sisters and brothers walked at from twelve to fifteen months; had scarlet fever and pertussis during the first year of his life and pneumonia at eight years of age.

When our patient was four years of age, it was first observed that his younger brother, aged two years, could run much better than he, and was able easily to overtake him. At this time also it was noticed that he had great difficulty in going upstairs, and that he always advanced the left foot and brought the right up to it. When he fell he had considerable difficulty in regaining his feet. He could and can walk as far as other children of his age without complaining of being tired. The size of his calves was the subject of remark and admiration from the first, and presented a marked contrast with his thighs. This condition continued without much aggravation until last winter, when he fell heavily upon the ice, striking the back of his head; after that he complained of increased difficulty in getting upstairs, and sometimes while reciting his lessons at school his legs have given way and he has fallen to the ground. Last summer it was noticed that when lying down he was unable to rise without assistance.

Family history:—Mother and father both living and well. Mother had seven children including the patient, of these 4 were girls, and 3 boys; one of the girls died when 17 days old of erysipelas, and one of the boys at 12 years

of age of heart disease consequent upon rheumatic fever following scarlatina. Patient has three sisters and a brother living, all of whom have had measles, scarlet fever, and whooping-cough; but are at present perfectly healthy and well developed. His mother had six brothers, of whom two are living and four dead. One dying of measles at seven years of age, another of infantile diarrhoea at seven weeks, another of atrophy, or marasmus at fifteen months, and the last of typhoid fever at twenty-three years of age. Mother had one sister who is living, and well, unmarried. Father's family, as far as known, were all well developed and healthy. Information regarding his grandparents we failed to procure.

Present condition:—Judging from the appearance of patient's face, no one would suppose for a moment that he was in any way ailing, and he often says: "If my legs were only strong I would be as well as anybody. He is 4ft. 4in. in height, face plump and ruddy. His upper arms are atrophied and soft, forearms apparently normal; the muscles of the trunk are much atrophied; chest flat and scapulae winged; his thighs are a little under the normal size, and his calves much increased in size and projecting; his spine is considerably curved, antero posteriorly, with the concavity backwards, and a line falling vertically from the neck would just touch the prominence of the sacrum; this lordosis disappears while he is sitting. The pelvis is tilted slightly forwards, and the weight of the abdomen falls unduly in the same direction.

The following are some circumferential measurements recently taken: Left calf, 12 in.; right calf, 11½ in.; left thigh (middle), 12¼ in.; right thigh (middle), 12 in.; left arm (middle), 7½ in.; right arm, 7½ in.; left forearm (largest part), 6¾ in.; right forearm, 6¾ in. Circumference of chest at level of nipples with arms by the side, 24¾ in.; with arms raised above the head, 26 in. His gait and carriage are very peculiar, and could not fail to arrest the attention even of the most unobserving. The head is carried slightly forwards with the chin protruding; the shoulders raised and thrown back and the abdomen forwards; the knees remain somewhat bent, walks more than naturally upon the

forepart of the foot, with a tendency to stub the toes against any unevenness in the sidewalk. In walking there is an inclination to separate the feet and to turn out the toes, and this is, perhaps, more marked while standing; in walking also he waddles considerably, apparently to keep the body over the foot which is upon the ground; the arms also are swung more than usual. When lying down he is unable to rise without first rolling over on one side and then raises himself by using his arms; he usually, however, rolls over on his face, raises himself on all fours, gradually straightens his knees with his hands still on the floor, throws out the rump like a dog stretching himself, and lastly, places one hand and then the other on his knees and straightens his back by gradually changing the position of his hands on his thighs, raising one and then the other until he is perfectly erect, in other words, climbs up his own legs.

Excepting a slightly diminished tendon reflex, there is no evidence of diminished or perverted nerve power or energy, other than muscular weakness. His intellect is clear and unimpaired, and there is a perfect absence of pains, aches, or numbness. He still places his hands upon his knees in ascending the stairs, although he says that he both goes upstairs and walks with much more comfort and ease to himself than formerly (that is before the electricity was applied). The improvement, however, is less apparent to others.

Some of his muscles are much diminished in bulk, notably those of the trunk and upper arm, while those of the calf are much increased. The electro-motility of the first-named muscles to both the galvanic and faradic current is slightly lowered, but more so than that of the muscles of the calf. While the muscles of the calf, however, respond readily to the current, the integument over this region appears much less sensitive than that over the rest of the body. The treatment thus far has consisted in the application of the constant, or galvanic current to the spine, and directly and indirectly to the muscles of the limbs and trunk, and in the administration of cod liver oil, iodide of iron, and arsenic; the result has, as already stated, been satisfactory, and we hope from time to time to report progress in this case which to us is one of considerable interest.

# MALIGNANT DISEASE (ROUND - CELLED SARCOMA) OF ISCHIUM.

BY H. T. MACHELL, M.B., L.R.C.P.E

Surgeon to the Toronto Dispensary and Children's Hospital.

G. D—, æt. 53, farmer, had enjoyed good health, except for attacks of asthma (and irritability of the bladder with purulent urine on one occasion) up till March or April last, when, on jumping out of a buggy, he struck his left hip against a spike projecting from a gate post, experiencing a great deal of sickening pain at the moment, but limping thereafter for a few days only. Between six and eight weeks subsequently he began to complain of pain in the neighbourhood of the hip; but members of his family noticed no lameness beyond a slight halt habitual to him from an old Pott's fracture. Pain, increased at night, was observable in June, and about this time he began to use a cane in walking. The pain extended down to the foot (both in front and behind); and he was supposed to be suffering from sciatica. He shortly took to crutches and sleep was soon almost entirely denied him in consequence of the pain. He came under my observation on the 10th of October last, at night, and half a grain of morphia hypodermically secured him more rest that night than he had had for a month or six weeks previously. On the 11th a careful examination was made by Dr. McCausland, of Yorkville, Dr. Cameron, and myself. There was found neither shortening nor lengthening of the limb, but there was muscular fixity, and any lateral movement or concussion of the sole of the left foot gave rise to intense pain and tremour of the muscles. The passive hip-joint motions were fully preserved. The circumference of the left leg was somewhat less than that of the right. Turning him over on his face, a good deal of shrinking of the left leg and buttock was observable, and the gluteal fold of that side was less marked, and lower. No special pain on pressure, in the course of the sciatic, but a good deal everywhere between the *tuber ischii* and the hip-joint. The *tuber ischii* itself was tender and slightly thickened. On examination, per rectum, a slight fulness and thickness, with a small amount of pain on pressure, was detected

nearly opposite the acetabulum. No glandular enlargement in either groin; body fairly well preserved; colour good; cheeks red and florid, owing to capillary ectasia.

A diagnosis of malignant disease of the ischium was made. As there were twitchings of the muscles, and pain on motion, I went to patient's home in the country, and put on extension by weight and pulley. This afforded some relief, and was worn for about two weeks, when patient grew tired of it, and, finding that the muscular twitching had ceased, it was then abandoned. The amount of morphia taken *per os*, had to be gradually increased from a quarter grain twice to half a grain thrice a day. The general medication consisted of iron and quinine.

I visited patient again on the 17th of Nov. There was then a good deal of swelling or puffiness, over adductors of thigh; the tenderness on pressure was increased, as was also the swelling of the *tuber ischii*. Morphia had now to be increased to three-quarters of a grain four or five times a day. Rectal exploration showed increase of internal bulging with communication of impulse from finger in rectum to hand on gluteal region, and broadening of the *tuber*. There was quite a noticeable swelling in the groin, partly above Poupart's ligament. In accordance with the suggestion of another medical man who was called in, and who suspected osteoperiostitis, poultices were applied, iodide of potash given internally, and a long splint put on. The splint, however, was only tolerated twenty-four hours. I saw him again on the 24th of November, with two other surgeons. The swelling *per rectum* was markedly increased, obscuring all bony prominences except *tuber*. There was œdema of the whole leg and the left buttock, was now much larger than the right. The urine, drawn off by catheter, was fetid, grumous, and flocculent, but was not tested. The bladder was then washed out twice daily. A week before his death he became delirious, and continued so; but, three days before the end, the pain ceased and the morphia was abandoned. Death relieved him of his sufferings on the 11th of December, just two months after coming under observation.

*Post-mortem* examination, of the abdomen only, made by Dr. Hillary, of Aurora, and myself, showed liver unaffected; both kidneys pyelitic, slightly enlarged, and two little abscesses in the cortex of the left. The psoas muscle was not affected, nor was the rectum. The ala of ilium was sound; but the lower portion, and the ischium, including the tuber, and the two *rami* of the *pubes* were entirely disorganized and supplanted by a soft, somewhat elastic *neoplasia*, the only portions of bone remaining being two loose plates in the part corresponding to the horizontal *ramus pubis*, and a cup-shaped shell of the inner portion of the *tuber ischii*. The cartilaginous face alone remained of the *acetabulum*, and through this several buds of new growth projected, whilst one or two presented on the head of the femur about the *ligamentum teres*. No glandular enlargement was found.

#### A CASE OF EXTENSIVE CANCER OF STOMACH WITHOUT EXTERNAL TUMOUR AND WITHOUT PAIN, PRESENTING AN INTERESTING EC-TOPIA OF THE RIGHT KIDNEY.

BY H. H. WRIGHT, M.D.

W. A., *æt.* 79, gardener, presenting no history of nosological heredity, had enjoyed good health all his life with the following exceptions:—During the last five or six years he had suffered, every fall, from a mild attack of dysentery, presenting nothing unusual in its symptomatology and yielding readily to treatment. For the last year or two an icteroid tinge of skin had been observable. In February or March last he had an attack of thrombosis of the veins of the left leg which pursued a rather rapid course to resolution. Dyspeptic symptoms existed for a little more than a year, and consisted in flatulence and sour stomach not easily controlled. In July last the appetite failed and the dyspepsia became more pronounced, gradually increasing to such an extent that he declined to take food on account of the flatulence and eructations to which it gave rise. During August, September, and October hectic fever, sweats, and rapidity of pulse were noticed. At no time was there

complaint of epigastric, rachidian, or other pain; and no intumescence nor dullness was discoverable. Vomiting only began ten days before death and was unaccompanied by pain. In a day or two after it set in he threw up some blood and also passed some by the bowel. For the last eleven days of his life he abstained from the ingestion of food, and was fed entirely by nutrient enemata, and the envelopment of the body in cloths soaked in milk. There was no albuminuria. He died in December greatly reduced in flesh but still preserving some subcutaneous fat. On inspection after death the abdominal wall presented half an inch in depth of fat, the great omentum still pretty well laden was tucked in and drawn over somewhat to the left side leaving intestines on right uncovered; as far as could be seen, however, it was healthy; on raising it up the intestines, large and small, were seen to be shrunken on themselves and more or less empty. No trace of stomach, and very little of liver, was visible, these viscera having retreated up under the sternum and ribs. On pulling on the great omentum, however, they were drawn down and it was seen that the stomach was involved in a large cancerous mass to which the omentum, pancreas, spleen and left border of the liver, were adherent. The liver was very small and firm but contained no secondary deposits. The spleen was rather large and in its anterior two-thirds was as white as lard. The whiteness, however, was entirely in the capsule which was one-eighth of an inch in thickness, the pulp was fairly normal and showed no deposits. The pancreas was largely involved in the neoplasia. The pyloric orifice of the stomach was free, as was also the cardiac, but the new growth which involved its anterior and posterior walls alike extended to within half an inch of the former and within one inch and a half of the latter. Each wall presented a somewhat oval, rather solid or elastic, fatty-looking new growth of the size of a hen's egg and slightly juicy, that in the posterior wall being two inches in thickness and that in the anterior one inch and a half. These masses were surrounded, to the extent indicated above, by hypertrophied, thickened, infiltrated, villous processes of mucous



membrane which here and there had undergone digestion or sphacelation. The new growth was continuous across the lesser curvature, but along the greater there was a channel beneath the projecting masses in each wall (which met but did not coalesce) sufficient to lodge the index finger. The whole three walls of the stomach were involved in the disease. The glands along the lesser curvature were, of course, implicated in the disease but the retro-peritoneal glands did not appear to be infected. The left kidney was enlarged and presented on the surface three or four large cysts, each capable of containing from one to two ounces of fluid. The right kidney was not in its usual situation, but was found snugly ensconced in a good bed of fat and connective tissue, lying transversely in the pelvis, close to the sacrum and beneath the promontory. It was of good size and supplied by two large arteries given off from the middle of the fork of the aorta at its bifurcation into the iliacs; the larger branch going to the hilus and the smaller to the head of the kidney. The surface of the gland presented a number of pin-head cysts. The middle and right lobes of the prostate were considerably enlarged. The lungs presented the condition of small-lunged emphysema, and did not fully occupy the thoracic cavity, thus allowing the stomach and liver to retreat upwards. Their colour was ashy white, deeply mottled with pigment. The left presented old pleuritic adhesions. The bronchial glands were enlarged and pigmented. The heart was well overlaid with fat but fairly normal with rather thin walls.

M. Paul Bert, the distinguished physiologist, who lately introduced the method of anæsthesia by nitrous oxide gas under a pressure of several atmospheres in major surgical operations, has entered the French Ministry as Minister of Public Instruction, in succession to M. Jules Ferry.

At the Academy of Medicine, M. N. Guénaun de Mussay presented two mémoires from Madame Ernest Hart, a distinguished graduate of the Paris School, and wife of our eminent confrère, Dr. Hart, editor of the *British Medical Journal*.—*L'Union Médicale*.

## LEPROSY IN CAPE BRETON.

BY A. MACPHEDRAN, M.D., TORONTO.

*Surgeon to the Toronto Dispensary.*

In addition to the cases reported in September number of the *Journal*, I received the notes of the following cases from the late Mr. Wm. Fletcher, B.A., some time ago, but owing to his anticipated return, about the time of his death, they were withheld in the hope that he might obtain more material before leaving the Island. Since the publication of the previous notes, Mr. Fletcher ascertained that Betsy McCarthy never came in contact with any cases of leprosy or heard of it prior to her own illness. Her family history was good. Her children were all born before her illness began, and the disease was well developed in her before it showed itself in her children or the others mentioned.

These subsequent cases occur among the Highland Scotch residing in the east side Lake Ainslie region, which is situated some distance from that of Lake O'Law; these people knew nothing of the Lake O'Law cases till after the disease appeared among themselves. Lake Ainslie is twelve miles long by two to four broad, surrounded by high hills, the whole forming a most picturesque scene. Its waters are clear and limpid, supplied by many small brooks from the surrounding hills, and drained by a small river, the Margaree.

Case I.—John McLean, farmer, is reported having died of leprosy. He and Richard McCarthy, of former history, supposed their cases identical: all McCarthy's symptoms were well developed in this case.

II., III., IV.—Three McKinnons: Archie, Donald, and Sarah, farmers, died of a disease exhibiting the characteristic symptoms of leprosy. No signs of the disease in any of their relatives.

V.—Donald Gillis, farmer, brother of John Gillis, of South-West Egypt, Margaree, Inverness County, C.B., died of same disease.

VI.—Archie McLean, farmer, unmarried, brother of the three following cases, died in 1868, aged 37, after an illness of 20 years. There were the usual symptoms as given in the next case.

VII.—Neil McLean, aged 39, farmer, has a

disease that began with pain and swelling in the knee, which ulcerated. Tumors, followed by ulcers, appearing on the hands and feet, causing the loss of parts of the fingers and toes. The bones only partially project, and the ulcers in some are still discharging. No tumors in other parts of body. No hoarseness. Sensation good, except in hands and feet. Has only occasional lancinating pains in limbs. Skin is tense, thick, and brownish on hands and feet, but not scaly. He is despondent. General health and appetite are good, and he walks about. His brother Archie, mentioned above, had swellings in all parts of body. The parents were healthy: the father died at the age of 50, and mother at 73. Family history good.

VIII.—Margaret McLean, sister of Neil, unmarried, aged 35 years. Disease began at age of 16. Her history is the same as that of Neil, and she is now in about the same condition.

IX.—Christina McLean, another sister, unmarried, aged 40, contracted the disease at the age of 17. Is now in a condition similar to the other two. John, an elder brother, is quite well, as are his wife and all his children. One other case, also Scotch, is reported near the outlet of Lake Ainslie, with symptoms similar to those of Neil McLean. Mr. Fletcher intended seeing this case when leaving the Island. Cases were reported in other parts, but all proved on investigation to be only Norwegian Scabies.

There is no connection traceable between the four groups in the above nine cases; there is no relationship, and there was not much, if any, acquaintanceship. There is no specific history in any of them, and in no case was the disease transmitted to the children, as in the Lake O'Law cases. In these the cause in each must be primary, unless due to contagion in some of them.

In this and the former paper must be included all the cases of leprosy in Cape Breton; had there been others they could not well have passed unnoticed by Mr. Fletcher, as he has been over the whole Island very minutely in connection with the survey. It affords me a melancholy pleasure putting on record this account of leprosy in Cape Breton from the materials collected by the late Mr. Fletcher. Had he lived this is but an earnest of what he would have done for the advancement of medical science of which he was such a devoted and enthusiastic student.

## SEVERE FALLS WITHOUT LOSS OF CONSCIOUSNESS.

BY R. BARRINGTON NEVITT, B.A., M.B.,

*Surgeon to the House of Providence, Toronto Dispensary, and Hospital for Sick Children.*

I. A. B., set. 45, a stout, fleshy, labouring man, an alcoholic, fell from the summit of the roof of the new chapel of the House of Providence. He slid along the steep incline of the roof and fell sheer to the ground a total distance of 60 feet. He was picked up and conveyed into the building. He was perfectly conscious, but suffered severely from the shock. There was a Colles' fracture upon each arm. He complained of pain only in the left leg and in the back. The left ilium was found to be fractured, the crest from the anterior superior spinous process to near the posterior superior spinous process being freely movable. The leg was flexed, adducted and inverted. He vomited frequently, in the intervals calling for whiskey. Five hours after the accident, about half an ounce of blood-stained urine was withdrawn by catheter. (He had evacuated the contents of the bladder immediately before ascending to his work). At 8 p.m., six hours after the fall he died.

II. B. C., set. 28, a stout active man, painter by occupation, stepped from the dormer window of a building in course of erection, upon a scaffolding which gave way precipitating him a distance of 35 or 40 feet to the ground, where he was pinned down by the superincumbent debris of the scaffolding. He lent his aid in throwing off some of the timbers, and being extricated walked about 50 yards and was put into a waggon and carried home. The injuries received were of the most trivial character: a slight bruise over the right scapula and a bruise on the right knee and ankle, and a strain or bruise in the right lumbar region, which was considerably swollen and tender to the touch, though not at all discoloured. The treatment was purely expectant, he was kept quiet for a few days, and then returned to work, suffering from a slight stiffness in the lumbar region when he reached down or attempted to lift a heavy weight. He complained of a girdling pain an inch or two above the umbilicus; four weeks after the accident this returned slightly and there was a slight show of blood in a motion from bowel, since then he has had no recurrence of the pain. He is now at work and feels well.

**Selections: Medicine.****EXTRACT FROM THE HARVEIAN LECTURES ON THE PROGNOSIS AND TREATMENT OF CHRONIC DISEASES OF THE CHEST IN RELATION TO MODERN PATHOLOGY.**

BY JAMES E. POLLOCK, M.D., F.R.C.P.,

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As I am speaking of pure air, this is, perhaps, a fitting place to dwell for a moment on what is called change of air, and the influence of climate. I must here deal only with the general views arising out of our pathological knowledge.

First, while degenerative processes which we have been considering are going on in the lung, patients should not be allowed to travel at all. Do not send the feverish abroad; for what is fever? The loading of the blood with the detritus of degenerative processes. Do we find that patients gain in weight, improve in strength, or progress at all while fever is going on? Certainly not. Our examination into the real meaning of high temperature is that it means, or is correlative with, waste—progressive local disease—nature's efforts at clearing out and clearing off morbid material not completed. Why should such persons be sent to change of air? Will any climate stop such processes as are pouring septic matter into their blood? We say no; and add, such had better be in their own homes, with home comforts, surrounded by the accustomed faces, and the well-considered provision for small wants. Locomotion would in itself be an evil—fancy the cabin of the steamer; the journey prolonged through the night to reach the favoured climate; the contracted cubic space of the railway carriage—to a man whose temperature is 102°, and who is undergoing the *malaise* inseparable from fever.

When local morbid processes have ceased (as we know, from want of further material on which to act), the system, well-nigh exhausted, may still be capable of revival. The moment wasting ceases and nutrition revives, that is the

time for removal, for getting into sunshine, for breathing purer, dry, bracing air; and then only should a patient be removed. For there is no climate, just as there is no specific, which can cure this "consumption" of many forms; but there are influences which can second reviving nature, stimulate enfeebled digestive powers, and arouse vital energy. Among these is the influence of change—any change—of locality; but, above all, to countries where winter is short, and the sun shines on most days, so that the sick man can be out for a part at least of every day.

Fashion, guided by medical knowledge, has wisely of late set itself against sending much enfeebled patients to warm, damp, relaxing, climates; and Maderia has been abandoned for the Engadine. The usual results and mistakes have occurred; some have benefitted, and some have (from want of selection on which I have dwelt) perished miserably on the mountain-side, who should never have left England. But, on the whole, we must say, as the result of our inquiry how far modern pathology has assisted us in treatment, that all which tends to lung-expansion and improved respiratory movements, all which promotes a healthy circulation in the parts of the lung surrounding defined cavities, all which tends to improve the tone, and therefore to lessen the secretion from the bronchial membrane, which forms so large a part of phthisis, is to be preferred for our patient; and, therefore, bracing, pure, upland air is preferable to low, damp, ill-drained localities; and, as heat and moisture promote secretion and relax mucous membranes, hot and damp climates are not so suitable.

Again, the digestive processes are best strengthened in dry and rather cold air, and on them depends our patient's possibility of regaining flesh and repairing waste. It is well known that sea-air is very favourable in promoting all these requirements.

I make a summary of these views, on which I have acted for many years.

Persons ought not to travel at all with feverish symptoms; with secondary complications, as diarrhoea; with a large amount of local disease in any stage; with both lungs diseased; with poor digestion and greatly lowered

nutrition; or in such a state of weakness or emaciation as to require home comforts, peculiar beds or chair, or varieties of invalid cookery.

A case in the first stage, already chronic, does for travelling about, with frequent change of residence. The complication with bronchitis or asthma is generally much benefited.

Chronic single cavity, with retraction of walls accomplished or proceeding, is favourable for removal to a dry, bracing locality, if the hæmoptysical element be wanting in the case.

That form of diffused disease in the lung which I have described—without much dullness or signs of massing of disease, with pretty large chest, and with moderate emaciation—generally does well on a sea-voyage.

I need not occupy much of your time, if you have followed our investigations, with the meaning of the several varieties of phthisis, by an enquiry whether any specific remedy for the disease is likely to be found.

A specific is an agent which meets some definite form of disease, and opposes its progress, or even effects its destruction. But have we in phthisis any such defined disorder? Examine it as we have done here, and it is resolvable into many forms, really differing in pathological results and in symptoms, in progress, and in termination. Its history is made up of many progressive changes, and variety in mode is its very character. Such variety eludes the action of any remedy; and remedies of efficacy cannot be presumed to address themselves to multiform phenomena, and certainly cannot meet in succession and overcome those morbid changes which are the result of mixed chemical and vital actions, progressively increasing and changing their mode of destructiveness as the disease advances. We have been tracing the destructiveness of phthisis to a kind of degeneration which the morbid products undergo in the lung; to the nature of the lung-impaction, its form, limit, and distribution; and to the amount of suffering which the system undergoes from fever, waste, and secondary infections. To these influences are found added such agencies as hereditary features, age, sex, temperament, and the complications with

other disorders. All these were described as essential considerations in estimating the gravity of any case of phthisis. But is not this summary of chronic morbid products in the lung—some tending to death and degeneration, others to more rapid disintegration, and others again to contractile results in the tissues—a picture, not of one, but of many disorders, which, while we have stamped them with a common name, have diverging tendencies and endless pathological variety?

To meet all this, we are to seek for a single remedy, if we are to search for a specific which shall so directly address itself to the morbid state that every progressive step which we know to constitute the history of phthisis shall cease. Again, if there be (as some suppose) a constitutional cause, inherited or acquired, which leads up to and decides the character of the local affection, this cause, involving deep-seated errors in the most vital processes of sanguification and nerve-power, can scarcely be supposed to be within the reach of a single agent.

My purpose here is to give expression to general views of treatment, gathered from our more recent pathological knowledge; and I conclude that we are in these days going farther away from "constitutions" and "specifics," and drawing nearer to the treatment which shall address itself to diseased local conditions. The tendency of the day to seize that which is tangible, and susceptible of proof by physical laws is swaying the practice of medicine and surgery, as it is swaying our views of the whole universe and of man himself. In this way we may, indeed, find much error and many fallacies; but, if it in the least assist us to practical views of treatment, we are bound to accept the teaching of this school, provided that it remain true to its own profession of only holding that which is susceptible of physical proof. Experiment first, and afterwards theory.

I must recommend, therefore, a thoughtful attention in practice to the local relief of the lung. Let us treat congestions, when they occur by local depletion; let us not be in a hurry to stop a moderate hæmoptysis by styptics, while the flow of blood is relieving an overloaded lung. See what relief a bloodletting gives to

an engorged right side of the heart with secondary congestion of lung, with hæmoptysis. We do not give gallic acid and ergot here, because the overflow is Nature's mode of relieving the engorged organ. No more should we treat moderate congestive hæmoptysis by astringents. Let us treat cavities in the lung on the same views that the surgeon treats abscesses with insufficient exit for matter. Let us drain them, and then dry them up, and during this process support our patient by rest and nutrients.

In speaking of rest in chronic chest-disease, we should remember the constant movements of the lung and of the chest. It is this feature which makes an essential difference between the lung and any other part of the body excepting the heart. It is always moving. It is its incessant movement which makes the surgical treatment difficult. The surgeon can rest a diseased joint; but he cannot rest a diseased lung. While, however, it is impossible to stop all movements of the chest, it is quite possible to control them; and, in certain conditions of disease, the strapping the lower ribs, so as to limit their motion in breathing, is a great relief to the patient, and gives time for reparative processes. Thus, in pneumothorax, it is a great relief to the suffering of the patient. In pleuritic pain, so common in the lateral and inferior parts of the chest, it will often at once enable the patient to breathe, and especially to cough, without distress. During certain periods also of disintegrative process and of cavity-formation, strapping the side is useful; and again in chronic contracting fibroid alterations, where to fix the side is to imitate nature. It is also useful after operations of tapping either the lung or the pleura.

If you ask me whether, after some experience of the treatment of chronic lung-disease, I am of opinion that some forms are curable and cured; whether some varieties have had increased prolongation conferred on them by treatment; and, on the whole, whether the great load of consumption has been somewhat lightened of its pressure on the community in my time,—I answer frankly "Yes" to all these questions. Rapid forms of disease are still rapid and uncontrollable; acute tuberculosis is not amenable to any treatment; and so of the con-

gestive form which I have described. But the chronic varieties of phthisis are much more prolonged in our day, because they are no longer shut up in hot rooms and denied fresh air and exercise; neither do they live so much surrounded by their own emanations; and the whole habits of society have improved their condition along with that of all others. The requirements of health are more considered; and, with a lessened mortality per thousand, man lives longer. The use of oil and nutrient medicines has added many years—I know not how many—to the phthisical life; but so have exposure to air, increased facilities for travel, increased personal cleanliness. We are not degenerating in this generation. And let it be said, once for all, that phthisis is not an English disease; and that, with all its disagreeableness, I am satisfied that the subjects of phthisis unable, for want of means, to escape from it, live as long here as in any country.

Yet, withal I know, as we all know, how much remains to be done; how much patient investigation—yes, even now—when we seem to have exhausted all microscopical and pathological inquiries, when we appear to know the whole story of the disease, and have accumulated a great literature about phthisis alone.

Again, if you ask me whether I think that this later German pathology, which seems so clear and has somewhat displaced the French pathology, will itself be replaced by-and-by by some nearer approach to truth, I say surely "Yes." But in the meantime let us live by the best light we have; and, above all, if there be any practical truth, anything which can save a life or lessen a symptom of disease, let us seize hold of that and appropriate it, whether it contradict our own theory or not. It is by this light that I regard the views which dwell most on local disease and local remedies. This idea of localisation may be the key, as I believe, to much valuable treatment. \* \* \*.—*British Medical Journal*.

Sir James Paget is suffering from one of the attacks of pneumonia to which he has been so subject since his blood-poisoning. He has gone to Nice for the winter.

# RENZI ON IODIDE AND BROMIDE OF POTASSIUM IN HEART DISEASE.\*

An interesting review of an article on this subject in the *Italian Medical Gazette* of January, 1881, appears in the *Lyon Medical* of 10th July, 1881. The writer of the article (Professor Renzi) has evidently studied with care the actions of three important drugs largely used now-a-days in cases of heart-disease—viz, bromide of potassium, iodide of potassium, and chloral hydrate; and he has given some important information regarding them. Bromide of potassium is shown to have such a direct influence on the heart and capillaries, as to entitle it to a high position among the cardio-vascular drugs. According to Dr. Dujardin-Beaumetz, who considers it one of the best heart-tonics we possess, the bromide, besides being a nervine sedative, acts directly on the heart, and lessens considerably any irregular action of that organ. He says that, as a nervine sedative, the drug is useful in counteracting the sleeplessness which so greatly enfeebles and wears out patients suffering from heart-disease, while its value in such cases is greatly enhanced by its direct beneficial action on the diseased organ itself. According to Professor Sée (largely quoted, along with Dujardin-Beaumetz, by the writer of the article), bromide of potassium is especially useful in heart-affections where we have diminished arterial pressure, rapid and irregular action of the heart, passive congestions, œdema, cyanosis, dyspnoea, and sleeplessness.

Iodide of potassium is shown to be very beneficial in dyspnoea arising from heart disease. It is also of great value in arresting degenerative changes in the heart-tissue. The action of chloral-hydrate on the heart, as observed by Professor Renzi, is at once to diminish the rapidity of its action, and after a time to reduce its energy. The drug seems to act on the heart, by paralyzing either the cardiac ganglia or the vaso-motor centres in the brain. The researches of Claude Bernard, Rokitsansky, and others, would indicate that the latter are chiefly affected by the administration of chloral, for they found that it caused great diminution

of blood-pressure by dilatation of the capillaries.

In summing up his observations on the three drugs referred to, Professor Renzi says of bromide of potassium that it lessens the anxiety of patients suffering from heart-disease, gives them a certain sense of comfort, and enables them to breathe freely. Under its influence sleep is more easily obtained, is more tranquil, and of longer duration than when induced by other drugs. It is, moreover, a more natural sleep. The bromide reduces undue rapidity of the heart's action and of respiration. Cough, however, seems to be aggravated by the use of bromide of potassium alone.

Of iodide of potassium, he says that it is a most useful drug in diseases of the heart. One of its chief effects is a complete relief from dyspnoea and all asthmatic symptoms. Chloral-hydrate is not much esteemed by him. It can procure sleep of a kind, but is of no use in relieving the dyspnoea so troublesome in cases of heart disease. It is, moreover, dangerous when given in conjunction with iodide of potassium, the latter drug apparently having the effect of greatly increasing its soporific action.

From Professor Renzi's summing up, it would seem that a combination of the iodide and bromide of potassium is a most beneficial remedy in cases of heart-disease.—*London Medical Record*.

MACDONALD ON CARBOLIC ACID IN WHOOPING-COUGH.—Dr. Macdonald (*Edinburgh Med. Jour.*, 1881, p. 1094) says that on extended trial he finds carbolic acid, in doses of one-fourth of a minim to a child of six months, one-half minim for a year, and one minim for two years and upwards, to be the best remedy for whooping-cough. The whoop goes; the vomiting ceases; the paroxysms are modified in intensity and frequency. This result Dr. Macdonald believes to arise from an action similar to that of creasote on the motor fibres of the vagus to the stomach, and from a lowering of vitality of the specific germ of whooping cough disease. This points to the antiseptic treatment of the zymotic diseases generally.—*London Medical Record*.

\* Translated in *Glasgow Medical Journal*.

## INTRA CRANIAL TUMOURS.

Dr. Bernhardt has collected 57 cases of tumour of the cerebral superficies, and it is noteworthy that in as many as 45 cases the tumour was in the fronto-parietal region; twice only was it in the occipital region, and in no instance in the temporo-sphenoidal region. Motor symptoms were present in all but ten cases. The author points out a peculiarity in the mode of onset of the hemiplegia in these cases. The whole side is not paralysed at once, but first, perhaps, the arm, then the face, and then the leg. The hemiplegia is made up as it were of a succession of attacks of monoplegi, and is generally preceded or followed, by localized epileptiform convulsions. The occurrence of a hemiplegia with these characters gives us good ground for supposing that the tumour is in the motor area of the cerebrum, or immediately adjoining it. Bernhardt has met with only three cases in which there was tumour of the motor area without motor symptoms. There seems to be no diagnostic sign by which we can distinguish between superficial tumours of the motor region, and tumours of the cerebral medulla implicating the same region; and, even if tumour of the motor region be diagnosed, we are unable to say how far it spreads anteriorly or posteriorly into non-motor areas, for tumours of these parts are often latent as regards symptoms.

In cases of tumour of the cerebral lobes, ataxy and disturbance of the muscular sense point to the parietal lobe as the seat of the tumour. Hemianopsia and subjective optical phenomena appear sooner perhaps in tumour of the occipital lobe than elsewhere. Disturbances of vision unaccompanied by paralysis of the ocular muscles are very suggestive of tumour of the cerebral lobes; still the presence of solitary symptoms of paralysis, ptosis for example, does not absolutely forbid this diagnosis. Another important symptom in these cases is mental derangement, which shows itself generally as loss of intelligence and obtuseness. Speech is also frequently affected.

The most trustworthy indication of tumour of the corpus striatum or optic thalamus is the appearance of involuntary muscular movements (half like tremors, half like the move-

ments of chorea) in limbs that become paretic, or are already so, and which often present symptoms of diminished sensibility. The movements are very commonly confined to one side. In tumours of the corpora quadrigemina and pineal gland, there is no symptom of pathognomonic value; but if there be paralysis of the trochlear nerve and bilateral paresis of corresponding branches of the oculo-motor nerves, with unimpaired sensibility and absence of unilateral paralytic or convulsive attacks, there is every likelihood that the tumour is situated in this part of the brain. The symptoms that are most to be relied on in the diagnosis of tumour of the cerebellum are occipital headache, a reeling gait, and a peculiar vertigo. The vertigo is independent of paralysis of the ocular muscles, and may be felt even when the patient is at rest. Sudden death is frequently observed in these cases, and is probably due to pressure on the adjoining respiratory centre. —*London Medical Record.*

PROF. H. C. WOOD ON THE THERAPEUTIC ACTION OF DIGITALIS ON THE HEART.

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Two points in conclusion—(1) in regard to the cumulative action, and (2) in regard to the cause of the slow action of digitalis. The remedy acts slowly in producing its full effect, and its effects are very permanent when they do appear. Digitalis acts slowly and cumulatively, not only because of its special influence upon the heart, but because it only comes very slowly into contact with the heart-structure, since it osmoses slowly into and out from the body. The practical point is this: watch the kidneys when giving large doses of digitalis; if water be not passed freely, then cumulative action will be apt to occur. . . . The longer the digitalis is in acting, the more likely it is to have a lasting effect. After abdominal tapping, the digitalis often shows itself in reducing the heart's action. Either it has been lying in the intestines unabsorbed, or in the cellular tissue; probably all the fluids are saturated with the drug. Digitalis is a very useful remedy in cases of syncope and collapse.

Formerly, alcohol alone was used. One of the advances of modern therapeutics has been to teach the danger of giving large doses of alcohol in cases of surgical shock. Belladonna and digitalis are proper remedies given by hypodermic injection. The pulse begins to fill up in twenty minutes or half an hour. No irritation is produced at the point of puncture. Throw in twenty minims at once, and expect to find the result in half an hour. He did not wish his remarks to be understood as declaring that digitalis was entirely without danger, but he had used it in hundreds of cases, and had seen men apparently dying revive under its effects. It is important to stop it as soon as evidence appears in the pulse that it is beginning to be absorbed. Used in this way, he did not believe that there would ever be any serious cases of poisoning with it. —*London Medical Record.*

**DIABETIC COMA.**—Dr. Dreschfeld read a paper on diabetic coma, taking as a basis an analysis of about fifty published cases, together with some unpublished ones which had occurred in his own practice and that of his colleagues. Diabetic coma occurred in young persons. It might come on a few months after the first appearance of diabetic symptoms, or within the first or second year, rarely later than that. According to the most prominent symptoms, three forms might be distinguished; one form, which resembled, and possibly was, an acute alcoholic intoxication; a second form, chiefly characterized by drowsiness, soon passing into coma; and a third form, by far the most common, and in which the coma was preceded by dyspnoea, sickness, epigastric pain, and often delirium, and, in some rare cases, by convulsions. Important aids in foretelling the possible advent of the coma in diabetes were the peculiar odour of the breath, and the presence in the urine of aceto-acetic ether, by giving a peculiar claret-red colour on the addition of perchloride of iron. Amongst the chief *post-mortem* changes found, were the presence in the blood of large amounts of fat, and traces of aceto-acetic ether, and of the two bodies into which it split up (acetone and alcohol). The kidneys, which

showed changes when microscopically examined; the most noteworthy change was a peculiar necrotic condition of the epithelium of the convoluted tubes, seen in three cases examined by Dr. Dreschfeld, and in two cases recently reported by Ebstein. The pathology of diabetic coma was considered at length, and none of the existing theories was found to account for all the cases. Against the acetonaemia theory might be urged the following. 1. Experimental researches on animals showed that only very large doses both of acetone and of aceto-acetic ether produced toxic symptoms. 2. In man also, both these bodies produced no effects, even if given in large doses (five grammes). 3. In some cases of diabetic coma, these bodies were absent both from the urine and the blood. 4. Aceto-acetic ether occurs in the urine in other cases than diabetes, without producing the combination of symptoms seen in diabetic coma. Against the view pronounced by the late Dr. Sanders and Dr. Hamilton, according to which fat-emboli were the cause of the symptoms, the following objections might be urged. 1. Experimental facts showed that, unless large quantities of fat were injected, the fat was again eliminated, without producing any effect. Something similar seemed to obtain for man according to Bergmann's observations. 2. Fat-embolism was often found after death, though, during life, no symptoms pointing to it existed (Moulin). 3. In four cases of diabetic coma, Dr. Dreschfeld carefully examined, *post mortem*, the lungs, liver, and kidneys, and found no fat-emboli, though, in two out of these four cases, Dr. Gamgee detected a large amount of fat in the blood. Diabetic coma might be looked upon as somewhat analogous to uraemia, and as consisting of some acute intoxication, caused by the presence in the blood of a toxic agent (possibly an oxydation-product of sugar), the elimination of which was interfered with by one or other of the organs (chiefly the kidney) having their functions impaired. As it was highly probable that these oxydation-products were due to the action of a probable ferment on the sugar, a rational treatment for such cases would be, the administration of large doses of an antiseptic or antiferment. So far, however, such treatment had had no more success than any other treatment (injection of solution of salt, transfusion of blood, inhalation of ozone, etc.), which had been attempted. —*British Medical Journal.*



**CEREBRAL SYMPTOMS IN DYSPEPSIA.**—M. Leven has reported in *Le Progrès Médical*, May 28, 1881, one hundred cases which tend to show the existence of cerebral phenomena whose presence has been heretofore overlooked in dyspepsia. Thus he has seen patients suddenly struck down in the street with true apoplectic attacks which last from ten minutes to a quarter of an hour. Such cases were believed to be epileptic, but M. Leven suggests that they were in reality simply dyspeptic, since the cerebral symptoms entirely disappeared when the digestive troubles had been cured. In dyspepsia the intelligence is unaffected, and there is never any mental disorder. Certain cerebral faculties may be altered, but the *ego* remains intact. This affection of the higher faculties, this weakening of the will, of action, of memory, and of the power of speech, may be readily observed. In some cases the patients are unable to determine upon an act, and they have to make a decided effort to perform what is generally an almost instinctive movement, as for instance to pick up anything that they have just dropped. In such cases the memory is impaired and speech is difficult, more especially after meals. The patients are melancholy, and suffer from cutaneous hyperæsthesia, a point which distinguishes them from the hysterical.—*Medical News and Abstract*.

**PHTHIRIASIS** is not a very uncommon disease as characterized by the presence of the ordinary louse (*Pediculus communis*) but the case which has been well reported by Dr. M. Goldsmith, Rutland, Vermont, (*Medical Record*, October 29, 1881,) is so relatively rare as to merit mention. A woman came into his office who complained of an intense itching caused, according to her statement, by insects crawling over her. On causing a profuse diaphoresis a number of brownish insects emerged from the sweat pores. These on investigation, were found to be pigeon or hen lice (*Dermanyssus Avium*.) The use of diaphoresis, sulphur, tar water, mild solutions of corrosive sublimate and the precautions usual in phthiriasis resulted in a cure. Similar cases have been reported by Alt, Simon and Bory de St. Vincent.—*Chicago Medical Review*.

**MEKLARD ON THE ACTION OF HYDRATE OF CHLORAL IN THE EXCRETION OF SUGAR BY THE URINE.**—F. Meklard agrees with the opinion of Mering and Musculus, that in animals under the influence of chloral the urine never contains sugar (*Archiv für Exper. Path., Paris Méd.*) He injected under the skin of a dog a certain quantity of hydrate of chloral, and then made a puncture in the fourth ventricle. The urine examined never contained sugar. In another animal he first made the puncture; there was then glycosuria; he then injected chloral, and the sugar disappeared. If the vagus were divided at the level of the neck, and the central end were excited, reflex glycosuria was produced; but this latter phenomenon did not show itself in chloralised dogs. In the same way, the urine did not contain sugar in a dog which had breathed carbonic oxide, but which had first absorbed five grammes of chloral. This manifest action of chloral on the excretion of sugar has been similarly applied to the human subject. In a diabetic patient who was placed under its influence, a diminution in the quantity of the urine, and of the sugar contained in it, was noted. In a second patient, it was simply observed that the quantity of urine had greatly diminished.—*London Medical Record*.

**ARTIFICIAL HUNYADI JANOS WATER.**—The natural Hunyadi Janos water was observed to be an efficient, safe, and agreeable purgative in many chronic cases. It is, however, found to be too expensive for hospital use, and it was resolved to try it artificially. At first it was made according to Liebig's analysis of the natural water, but this was perceived to be too weak, and it failed to produce purgative action. Ultimately it was made thrice the given strength, according to the following recipe:—Sulphate of magnesia, 514.92 gr.; sulphate of soda, 519.54 gr.; sulphate of potash, 2.76 gr.; chloride of sodium, 39.15 gr.; bicarbonate of soda, 15.60 gr.; water, 16 oz. Dose, two ounces and upwards. It will be observed that the chloride of calcium is omitted, but the proportion is so small that even when it was included there was no difference in the action. This inexpensive mixture, made for a penny a quart, can be effectually recommended. It will be found to possess every advantage attributed to the natural variety, the necessity for buying which seems to be done away with.

## Surgery.

### THE TREATMENT OF EMPYEMA.

BY W. B. CHEADLE, M.D., F.R.C.P.

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As the practical outcome, then, of my experience of the treatment of empyema, I would venture to lay down the following rules:—

1. *To ascertain the character of the fluid.*—If pleuritic effusion is accompanied by high temperature, and the rise persists for upwards of a week, or if the fluid does not subside satisfactorily at the end of three weeks, even if there be no continued rise of temperature, ascertain whether pus be present or not by means of an exploratory puncture. This is best made by a hypodermic syringe, after the manner advocated by my friend and colleague, Dr. Barlow. The hypodermic syringe must be of sufficient calibre to allow the passage of pus freely, and its capacity in this respect may be tested by the passage of carbolised oil, with which it must be thoroughly disinfected before use. I have seen errors in diagnosis arise from the imperfection of the syringe, and its failure to extract pus when abundantly present.

2. *The removal of pus.*—If pus be found, remove it at once. About this there cannot, I imagine, be two opinions. Draw off the pus in the first instance with a carefully carbolised aspirator. This gives immediate relief, the patient improves at once in general health, and gains strength for the more serious operation of a free opening, should it become necessary. Then, after an interval of four or five days, if the amount of fluid be large, make a free opening without delay. Repeated aspirations when the fluid re-accumulates rapidly in large quantity are utterly inadequate to cure, and are disastrous in the end, for the fluid eventually becomes foul in spite of all precautions. If the amount of fluid be small, and the empyema clearly a limited one, ascertain the continued presence of pus by the hypodermic syringe, and then draw it off by aspiration a second time. This may be repeated if the temperature keeps down, and there are no signs of large accumulation. For it has been shown that one or two

aspirations will frequently suffice for the cure of a limited empyema; while, on the other hand, a large one will certainly require a free opening in the end, and the sooner the pus is let out freely the better.

3. *Position and character of the free opening.*

—If it be decided to make a free opening, the best position for it, I am convinced after many experiments, is the one originally selected by Trousseau—viz., the sixth or seventh intercostal space in the axillary line. It has been objected to this that it is not the best position for free drainage, and that, as the chest falls in, the proximity of the ribs to one another at this point causes them to press upon the drainage-tube, disturb it, and make the ribs liable to necrosis. With regard to the first objection, I may say I have never seen any practical difficulty in emptying the pleura from this point; and as to the second, although it has some force, yet the difficulty is not insurmountable, and the evil less than many attending other situations. The adoption of the intercostal space immediately below the angle of the scapula, for example, which has been strongly advocated, is, in my experience, usually followed by swelling and suppuration, and often by local abscesses, due, I imagine, to injury of the muscles there, with the friction and heat and pressure, caused by the patient lying on his back. From these drawbacks the axillary position is free. Further, experience has taught me to be content with a single opening. Under proper management, this gives perfectly free and sufficient escape to the pus, and the shock of the protracted and severe double operation—a formidable one in the case of young children—is avoided. The cases in which I have caused a double opening to be made have done badly throughout. The wide openings and counter-opening advocated by some authorities are dangerous to little children, who bear such free rough usage ill. This method admits of a larger application to adults, but with children it is only admissible in extreme cases of large foul accumulations.

4. *Antiseptic paracentesis and dressings.*—

The results of full antiseptic precautions during paracentesis and dressing afterwards have been disappointing. They were adopted in three cases, and all of them ended fatally. In one

case only did the discharge show any sign of becoming foul, but the children did badly and died, two of meningitis and one of peritonitis and pneumonia. Whether the patients became carbolised by the frequent use of spray, or whether, on the other hand, the dressings were not repeated with sufficient frequency (every second and third day), to preserve the absolute purity of the pleural cavity, or the tube became obstructed by accumulating debris, I have been unable to determine. But whatever the explanation of the failure may be, the results were so unsatisfactory that I have ceased to require more than the use of carbolised instruments, and dressing with carbolised tow, as precautions against contagion from without, the dressings being changed twice daily.

5. *Washing out the cavity with astringent or antiseptic liquids.*—Formerly, guided by the authority of Trousseau, I diligently used solutions of iodine, and subsequently of carbolic acid, with the view of lessening the discharge and preserving it from foulness; but my own observation has slowly convinced me that these things tend rather to increase the discharge than to reduce it, and set up fever and constitutional disturbance. In cases of foul secretion some means of the kind must be adopted, and an enlarged opening into the pleura, with free irrigation, may become necessary. But in ordinary cases I am very sure that such interference is most mischievous, and that the less the pleural cavity is meddled with in this way the better. I have seen more than one patient suffer from the *nimia cura medici* in this direction.

6. *The form of drainage-tube.*—The best form of drainage-tube is, I think, a modification of Baker's India-rubber tracheotomy tube. The flange prevents the loss of the tube into the pleural cavity—an accident which has happened more than once with a portion of common tubing; once, perhaps more often, this has led to a fatal result.

7. *The vital importance of unimpeded escape of pus.*—The one essential point of supreme importance in the management of an empyema into which a free opening has been made—of more importance than antiseptic opening, or dressing, or any other device—is the securing

of *constant, unremitting, free evacuation of pus from the cavity.* It is remarkable how the retention of pus for only a few hours sends up the thermometer. Over and over again, warned of some mischief by a rise of temperature and access of febrile symptoms, I have found the drainage-tube, ascertained to be free a few hours before, blocked by a plug, or by a kink or twist, or the impinging of its inner extremity against the pulmonary or costal pleura, or some other cause preventing free outflow. This remedied, the temperature falls, and all goes well again, as unimpeded discharge is re-established. In order to guard against this difficulty, I am in the habit of directing the house-surgeon and ward sister to examine frequently during the day and night, and note whether the tube be freely open. In the early stages a satisfactory index of patency is afforded by the noise of the ingress and egress of air through the opening as the patient breathes. The temperature should be taken every four or six hours, and a rise of even one degree above normal must be regarded as a warning to examine whether obstruction to outflow be not the cause of it. It is impossible to exaggerate the importance of these precautions. The maintenance of free outflow appears to afford protection against absorption of morbid material, probably by promoting the removal of older decaying secretion from contact with the absorbents. Immunity from such recurrent poisonings, slight though they may be, must, and does, tell favourably upon the result.

8. *Avoidance of contagion.*—Patients with empyema in which free openings have been made appear to be as susceptible to infection as puerperal women. Every precaution should, therefore, be taken to guard them against it.

9. *The use of drugs.*—With regard to treatment by drugs, I have little to say, except by way of warning against their too free use. As remedial agents they play no important part, and it is a mistake to nauseate patients with cod-liver oil to improve nutrition, or with salicylic acid, or large doses of quinine, to bring down temperature. Astringents, or bismuth with opium, are useful, and even necessary, to control the diarrhoea, which is often very troublesome and exhausting; and tonics, with

nourishing diet and, perhaps, wine, are valuable adjuncts.

10. *Change of air.*—The one therapeutic agency which, next to the removal of the purulent fluid, possesses great power for good in these cases is change to fresh pure air. I constantly find that patients who linger on for weeks in a stationary condition with chronic discharge, neither better nor worse, improve immediately on removal to the Convalescent Hospital at Highgate, and return in a very short time absolutely well. I remember especially one poor boy, who, owing to temporary closing of the Highgate wards, could not be removed there, and remained for months in Great Ormond Street, half-cured, but gaining no ground, and with a persistent chronic discharge which threatened ultimate mischief. At last the opportunity came, and he went to Highgate, to return in a very few weeks perfectly well.

The singular success, too, which attends the treatment of empyema in children in private practice, as compared with that in hospitals, is very significant. It is due partly, no doubt, to the fact that such cases are discovered and treated early, whereas a large proportion of those which come into hospitals are of long-standing, having been neglected, because the disease has been overlooked or mistaken, and the patients more or less broken down by the persistent illness. But the more favourable hygienic conditions by which private patients of the better class are surrounded have an important influence also, while the many dangers to which hospital patients are exposed, in spite of all precautions, from the aggregation of sick persons, and intercourse with the contagious and unclean from outside, are obvious. It is a question how far cases of empyema in hospital should be further protected by isolation and special hygienic advantages.—*London Lancet.*

CLEANSING, DISINFECTING, AND PRESERVING SPONGES.—SIR, —*Apropos* of the excellent sponge-bath, made by Messrs. Groom & Co., to which you called attention last week, I should like to say a few words about sponges. Some years ago, when I was travelling alternately on sea and land, I noticed that my bath-sponge

was very differently affected by the fresh water and the sea water which I used for my baths. We all know that sponges, after they have been used for a while in hard water, become clogged with organic and earthy impurities, and lose much of their elasticity and power of absorbing and parting with water. The ordinary domestic remedy for this condition is common washing soda; but this substance, while effectually removing the impurities, destroys the texture of the sponge, and it quickly falls into pieces. The preparations of chlorine and sulphurous acid used for bleaching and disinfecting sponges have also an injurious effect, and should be avoided (as should new bleached sponges, for they are always bad ones); Condy's fluid stains, and carbolic acid consolidates organic matters in the meshes of the structure; and they are also to be avoided as unsuitable for mere cleansing purposes. I have found, by repeated experiments, that returning the sponge to its native element, or what answers equally well, steeping it in strong salt and water, to which a few grains of iodine have been added, enables it to throw off its impurities and to regain its normal elasticity and absorbent properties, and at the same time to become disinfected. The process is not a rapid one; and iodine is only slightly soluble in salt water; so that very dirty sponges cannot be purified in this way, and a preliminary washing in soap and warm water may be necessary. Sponges may be kept in this kind of pickle for any length of time without injury to their texture; and as clean sponges are essential to success in operative surgery, surgeons and nurses would do well to keep their sponges in this manner when not in use, instead of allowing them to become dry and gather dust, or absorb and condense impure gases. Salt is one of the best antiseptics, and iodine is one of the most powerful disinfectants, and they belong to the element in which the sponge was originally developed. A bath sponge which has been treated in this way has the pleasant sea-side smell which has been attributed to the presence of ozone, but which is more probably due to iodine.—Your obedient servant,

CHARLES ROBERTS, F.R.C.S.

Bolton Row, W., March 3rd, 1881.

—*British Medical Journal.*

**AGNEW ON INCISION OF THE LACHRYMAL SAC.**—Dr. C. R. Agnew of New York says (*Detroit Lancet*): The anatomy of the parts is about as follows. We have the eyelids covering the eyeballs, and towards their inner angle we have the puncta. Now, behind this angle, which is called the internal canthus, is the little gland called the caruncle, and, just in the crease between the caruncle and the angle of the eyelids, there is nothing between the external world and the cavity of the sac but conjunctiva and sac-wall. As the sac fills up with matter, its anterior wall is brought forward, the tendon of Horner's muscle is more or less stretched, and the sac bulges below and above it and is made prominent. Now, standing behind a patient who has such a lachrymal abscess, which you are not able to enter through the punctum, you may take Beer's knife, and, holding the head firmly, poise the blade of the instrument flat-wise, so as almost to be in contact with the cornea, pass it behind the internal canthus behind the angle where the lids come together, carrying the point inwards, and enter the sac, reaching it by making a slight wound. This wound usually heals rapidly, does not interfere with the canaliculi, and, if it becomes fistulous, does no possible harm, because it is inside of the lids, and the sac empties itself inside, instead of outside upon the cheek. The sac having been emptied, it may be treated according to the indications.—*London Medical Record*.

**SEILER ON SYPHILITIC LARYNGITIS.**—The author (*New York Med. Gaz.*, May, 1881) lays much stress, in the diagnosis of this affection from non-specific inflammation of the larynx, on the peculiar carmine discoloration of the mucous membrane and the symmetrical disposition of the inflammatory patches in the syphilitic affection. Another diagnostic sign is the red line observed upon the velum palati. Dr. Seiler recommends as treatment, besides the systemic and supporting, local touching of the shallow ulcers with solid nitrate of silver fused upon an aluminium probe, and of the deep ulceration with acid nitrate of mercury (1 to 4), or the galvanic cautery.—*London Medical Record*.

**RIEHL ON THE USE OF IODOFORM IN LUPUS VULGARIS.**—This writer believes (*Wien. Med. Woch.*, No. 19, 1881) that he has discovered in iodoform a remedy for lupus analogous to mercury and iodine in syphilis, that is, that iodoform causes absorption and transformation of the lupous tissue. In the case of ulcerating lupus tubercles, he places on the part a layer of iodoform 1 to 3 millimètres thick: simple pencilling with glycerine of iodoform is of no use. For deeper infiltrations he first, with soap, washes off all fat from the surface, and then pencils the part with a solution of caustic potash (one to two by weight of water) till the epidermis is thoroughly removed, after which he removes the superfluous caustic, dries the part, and places on it a layer of iodoform 1 to 2 millimètres thick. This he covers with cotton-wool and plaster, and leaves for three to eight days; when, in an ordinary case, he expects the lupous tissue to have disappeared, leaving slight pits. There is no pain, except when the caustic is applied, nor is there any suppuration. The process may have to be repeated twice or thrice in severe cases.—*James Anderson, M.D.*

### Midwifery.

**OPHTHALMIA NEONATORUM.**—Dr. Fancourt Barnes narrates (*Brit. Med. Jour.*) a case of this affection occurring in a child born in the unbroken membranes, and who never came in contact with the maternal passages at all. He also cites a case from Veit in a child delivered by Cæsarean section.

**MARTIN ON PARSLEY AS A MEANS OF SUPPRESSING THE SECRETION OF MILK.**—M. S. Martin reports (*Bull. Gen. de Therap.*, Aug. 30), that, if the breasts of a nursing woman be covered with parsley leaves freshly pulled, the application being renewed several times a day, as quickly as the leaves fade the milk will cease to appear. This is an application which may be used when it is impossible to give purgatives or other remedies internally.—*London Medical Record*.

### Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

#### "PUERPERAL ECLAMPSIA."

SIR,—I beg to invite your attention to the rather extraordinary and very unsatisfactory exposition of the etiology of puerperal eclampsia as laid down in the initial and "original" article in your issue for December.

The condition of pregnancy is said to be one in which the system is "burdened with the extra work of supplying and developing the foetus." The heart, it is said, "will necessarily have more work to perform in carrying on the foetal as well as the general circulation," and "the nervous system will also have extra duties in contributing to the development going on."

Now, the truth of this being conceded, does it not follow that an increased expenditure of power in the organism is likely to lead to exhaustion, rather than to repletion and explosion, from an undue accumulation of energy? That would surely be a fair and natural inference. And if it be further true, as is asserted in the article referred to, that "the labor required of the circulatory and nervous systems increases as gestation advances," would it not be a fair presumption that at the period of greatest expenditure—the close of gestation—there would be the least surplus energy to spare? And yet the writer of the article, after announcing the ever-increasing expenditure of nerve power as gestation advances,—the maximum of such expenditure taking place just as the eclampsia appear—adds, "*consequently* at or near the termination [of gestation] the nervous centres are worked up to such a state of tension, if I may so express myself, as to relieve themselves by that spasmodic condition called convulsions."

Is this a fair presumption to base on the condition of increased nervous expenditure previously said to exist? Is it really true that the expenditure of a more than ordinary proportion of nerve force begets an accumulation of nerve force, of which the convulsions are the consequence? Is that word "*consequently*" a proper connecting link between what goes before and what follows? To put the case in another light:—Were the boiler of a steam

engine to explode, would it be a satisfactory explanation to allege that for a considerable time more steam than usual had been expended in the working of the engine, and that *in consequence*, increased tension had caused the explosion? This very term "explosion" is very commonly applied to the action of the nervous centres in convulsions by modern authors.

We are told that during pregnancy the nervous centres are continually "relieving themselves" by more than ordinary expenditure of power, that this drain upon them is increased as gestation progresses, and yet that when their capacity for expenditure might be expected to be the lowest, they are necessitated to "relieve themselves" still further to a highly abnormal degree, and in doing so produce the phenomena of eclampsia!

This is most extraordinary doctrine; and it is lamentable to find in the words of the author of the article, that it is "substantially all we know" on the subject. Nevertheless he proceeds thereupon to ignore this knowledge, and "goes back" upon the doctrine just enunciated. He finds, in explaining the treatment, that "the increased labor of the heart in carrying on the foetal circulation might disturb the general circulation, and as a consequence anæmia of the brain be produced." Now anæmia of the brain is attended by proportionately defective innervation; for "it is a physiological law that the functional activity of an organ is directly proportionate to the supply of arterial blood to the organ" (Dr. C. B. Radcliffe, F. R. S.). Consequently this is not a condition of the brain in which augmented nerve force could be generated. But the author continues: "In the second place, the brain and the nerves of organic vitality become irritated *and exhausted* by the duties required of them." From this it would appear as if the exhausted nerve centres need not discharge extraordinary supplies of nerve force, in order to "relieve" themselves. Relief comes in a different way, to which the article in question bears witness. The morphia which proves so useful does not relieve the exhausted brain by depleting it. On the contrary, the author says, "by this drug we produce an increased flow of blood to the

nervous centres,"—furnishing therein the pabulum from which to generate more nerve force,—and he adds, "in the second place, by its soporific effect the brain is allowed to rest while *increased power is gained* to carry on the nervous functions of the body." (*Italics mine*). This is an extraordinary way to relieve the "state of tension" of the brain,—by causing an influx of blood to it—increasing its power, etc.!

The writer of the article referred to, is perhaps not much to blame. If he has sinned at all, it is in the midst of the most orthodox medical society. Just such contradictions and absurdities abound in modern medical literature; and in my opinion, are a disgrace to modern medical "science." They are the outcome of a false theory on the inter-relations of nerve and muscle. Fortunately for the sick, the theory is often ignored in practice, and spasms and convulsions are "relieved" by reinforcing the nervous centres rather than by adding to their exhaustion. Thus our best "antispasmodics" are really stimulants (Anstie.)

One word more. It might be inferred from the article under discussion that the treatment of puerperal eclampsia by morphia was new, and that it originated with the writer of that article. This is not the case; a fact to which I merely point, and on which I offer no comment.

Yours, etc.,

THOMAS W. POOLE, M.D.

Lindsay, Dec. 5th, 1881.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—I see that Dr. McKinnon, of Guelph, has, in your last issue, been giving free rein to a brilliant and not over-scrupulous imagination. Were it not for the last two paragraphs, I should not have troubled you with a reply. I could easily afford to smile at the unmanly allusion as to all I know "of the supra-public method." The Ontario Medical Association will, doubtless, struggle to survive the fury of Dr. McKinnon's attack, and the Doctor himself will be able to soothe his ruffled soul by the fond delusion that he discovered a surgical "plagiarism" where none existed. Hugging his phantom will do no harm until his frenzy subsides.

Dr. McKinnon, in his last sentence, speaking of me, says:—"The article he favoured your readers with is but a small affair as compared with the glowing account given by a local paper, in which we meet with terms—very unfamiliar to other than professional ears—from the use of which its origin may be inferred."

The doctor did not come out boldly and charge me with being the author of the "glowing account." He insinuates what he dare not say, and his insinuation is utterly false. I neither wrote the article nor caused it to be written, and in proof of this I append copies of certificates from both the "local" Guelph papers.

"Office of the 'Guelph Daily and Weekly Herald.'"

"GUELPH, Dec. 7th, 1881.

"To whom it may Concern.

"I never received any information from Dr. Groves, of Fergus, regarding an operation performed on William Hood or any other person. My information in the case of William Hood was given to me by a member of the family.

"H. E. SMALLEIN. [A.G.]"

"Office of the 'Mercury and Advertiser.'"

"GUELPH, DEC. 7th, 1881.

"To whom it may Concern.

"We hereby certify that Dr. Groves, of Fergus, did not furnish to us any particulars whatever of the operation performed by him on Mr. William Hood in April last. The facts of the case were furnished to us by a member of the family, and the doctor knew nothing of the matter until after the publication of the notice.

"INNES & DAVIDSON."

Dr. McKinnon says that Dr. Groves gives "his method of operating, after treatment, and results." The truth is I did not use the possessive, and Dr. McKinnon knew I did not, for he read the article "carefully over." What I did was to write a plain and simple account of a couple of cases which I treated as hundreds had been treated before. This account had never been written before, therefore I could not plagiarize it. It is well the doctor has the candour to admit that my article was "refreshing," and I hope he found it sufficiently so to prevent his "apprehension" becoming more "serious."

I remain, yours truly,

A. GROVES.

FERGUS, Dec. 8th, 1881.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

### AN EXPLANATION.

SIR,—In the last number of your respected Journal, I perceived that I had given mortal offence in some of the remarks I made at the Annual Dinner of the Students of Trinity College. [Medical School (?)—*Ed.*] I, among many others, was honoured with a very kind invitation to attend. After dinner a number of toasts were proposed and responded to.

When the toast of the Ontario Medical Council was proposed, I had the honour of being called upon for a reply, to which I most reluctantly agreed. Not being in the best of health at the time, I had but little to say—so I said it. Memory fails to admonish me as to what I did say, until I saw a report of the proceedings in your journal. I am reported as saying, that I thought a two years' term was long enough for the examiners to be appointed, and also that I regretted the appointment of one "examiner." I am further charged with using the epithets in my regret, "one examiner, you know who." Of this I make no denial, although I cannot recollect the fact. In your strictures on the occasion referred to, you state "that it was simply contemptible to make such an attack upon any man where neither he nor his friends were in a position to resent it." Now, sir, you will readily admit that, as a general rule, where any insult is intended, we at once associate with the act an inherent malicious intent. Words uttered, however offensive they may be, under one set of circumstances might be regarded as harmless—while under another state of things, the construction put upon the same language might call forth strong feelings of resentment, where the person impugned might, with great propriety, demand explanations for insults offered, whether direct or implied, that have been inconsiderately given. Let us view this case under these aspects.

Please tell me what had the examiner or his friends to resent? I never in my life saw the gentleman, and scarcely ever heard of him, until after his appointment, nor have I ever had any dealings or correspondence with him.

You surely cannot assume that I had any

malicious feeling towards him, as I knew nothing of him. You certainly cannot ignore the fact that a petition from the students was presented to the Council containing remarks not of the most favourable character to him as an examiner. Whether true or false, I desire not to affirm. I, in common with other members of the Council, advised the students to withdraw the petition, and gracefully submit to the ruling of the Council—having assured the young men that their case would be favourably considered; but in this I was somewhat disappointed. Acting on the advice given, the petition was withdrawn. Now, Mr. Editor, was there any malice in this, and where the grounds for resentment?

You may also remember the pointed letters that appeared in the public newspapers from various parts of the Province reflecting sadly not only on the character of the questions put, but also on the ethics displayed at the examining board. During the year that I had the honour of being President of the Council, I received many letters, both from students and graduates of the several medical schools of the country, urgently soliciting my influence against the re-appointment of "the examiner, you know who." I, by-the-bye, received one from Kingston, with a request that I should present a petition to the Council in the same direction. All of which I respectfully declined—giving as my reason, that the candidates should be better prepared for the ordeal. Again, was there anything "contemptible" in this, or had we better "resent" it?

Once more let me ask, What has been the result of this denial of a hearing to the students and the ever-memorable discussion in the Council thereon. Look at the number of our young men at the present moment, who have gone to England for their registration, who shortly will return to practise in their native Province without the agency or leave of our Board of Examiners. We have ourselves to blame for this exodus from our own institutions.

Without meaning any offence in the foregoing remarks,

I have the honour to be, &c.,

W. ALLISON.

Bowmanville, 12th Dec., 1881.



To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—From the remarks you made in regard to my letter in your last issue, evidently you have misapprehended my meaning. I did not assert that Dr. Groves professed to be describing "his operation" for supra-pubic lithotomy as an original operation, but merely that the "method of operation," as pursued in his case, was original. So that I might convey a correct idea, I gave his own words, excepting that for the sake of brevity I substituted the word "*his*" for "*the*," without intending to make, and in reality not making, the slightest alteration in the meaning conveyed. You affirm that the description given by Dr. Groves might as well be called a plagiarism of that given by Erichsen, Bryant, Ashurst, Hamilton, and others, as of that by Dr. Dulles. True, no doubt, all descriptions of the operation are necessarily much alike; and it is also true that any one possessed of even a modicum of common sense, could embody the whole idea, and yet so vary the language as to destroy the identity. I did not, however, base the charge I made on the similarity of language, nor on any inference.

The authors you mention, as well as all surgical writers of any note, so far as I know, condemn the supra-pubic operation, and they quote statistics to show that the rate of mortality is high (1 in 3 or 4, while in the lateral operation it is only 1 in 11). But Dr. Dulles, in the article referred to, shows that in regard to this operation, statistics lead to false conclusions; because it has very generally been performed as a last resort, frequently after failing by the lateral method, on account of the size of the stone, or some abnormal condition of the pelvis. He also shows that there is absolutely no danger from hemorrhage, and that it cannot be followed by impotence or incontinence of urine, as sometimes follows the lateral operation. He claims that the supra-pubic is a simpler and safer method than the lateral, and maintains, justly, I think, that under exactly similar conditions it will give much better results than its more popular rival.

No doubt Dr. Groves had access to all the works you name, and though he had his first case under care for several weeks, he had de-

cided *not to operate* at all. The careful perusal of the article by Dr. Dulles led him to change his decision, and a few days afterwards he performed the supra-pubic operation. A few weeks later he went to Toronto, and read before the Ontario Medical Association a paper giving "the method of operating, after-treatment, and results." He said, "The ordinary text-books give no explicit directions;" but he never mentions even the name of Dulles, though the perusal of the article unquestionably led him to prefer the high operation.

Briefly, then, is it not plagiarism when a writer says he can get no description in the ordinary works, etc., then gives a description which he himself got from a work less known, allowing his readers to infer that it was his own production?

Regarding the supra-pubic operation, I may say, in conclusion, I am convinced that in the hands of ordinary practitioners it will give better results by far than either lateral lithotomy or lithotrity.

Yours respectfully,

ANGUS MCKINNON,

Guelph, Dec. 12th, 1881.

To the Editors of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

GENTLEMEN,—In the December number of your Journal, you refer editorially to my speech at the late Trinity Medical School Dinner.

In one point, I am sure quite unintentionally, you entirely misrepresent what I said, which was to this effect, that I agreed with a great deal of what Dr. Allison, the venerable and kind-hearted ex-President of the Council, had said in his speech. But I never referred to the Examiners appointed by the Council for the present, nor to those of any year—I was not even thinking of them. I have every confidence in the Board of Examiners, and am perfectly satisfied that all its members will do their duty fairly and well. Since reading your article, I have taken the trouble to ask several medical gentlemen who were present at the dinner, and without exception they corroborate my own recollection in this particular.

The other points you refer to require only a very brief reply. In your issue of July last, referring also editorially to some of the lan-

guage used in certain speeches made at the late Council Meeting, you said that it was "*neither just, manly, nor dignified.*" This was, and is, exactly my own view—and it is expressed just as strongly as I spoke, in referring to the very same language at our dinner. And certainly, at *our own* table, with none present in addition to the class, but our invited guests, and without even the faintest suspicion that any one at the table would, or even could, impute any unworthy motive as influencing any remarks which might be made. Under such circumstances, I had, I submit, a *perfect right*—nay, I deemed it *my bounden duty* to the class and to the Council to say what I thought might tend in any degree, however slight, to prevent the recurrence of what, in my opinion, had done the Council very serious, but I hope not irremediable harm.

You complain of my referring to the language or policy of public men in their absence. This you must know is done every day. Only the other day, at a banquet given in his honour in Toronto, one of our ablest political leaders did so without stint, and no paper in the country thought of this as furnishing any ground of complaint.

You suggest that I should have spoken out more strongly when the Council was in session. This is a matter of opinion. And now, after the lapse of several months, I look back with satisfaction at having stated my views calmly and quietly at that time, instead of having allowed myself to be carried away by the storm of bitterness which prevailed, and which you now criticize me for deploring.

WALTER B. GEIKIE.

Toronto, December, 1881.

Prof. Nikolaus Pirogoff, of St. Petersburg, is dead. He was author of a valuable treatise on Division of the Tendo-Achillis in Orthopædic Surgery, a work on Cholera, on the Surgery of the Arterial Trunks and Fasciæ, an Atlas of Topographical Anatomy from frozen sections, a Medical History of the Crimean and Circassian Campaigns, a report on the Military Hospitals in Germany and Alsace-Lorraine during the war of 1870, and of the method of partial amputation of the foot which bears his name.

THE CANADIAN  
**Journal of Medical Science,**  
A Monthly Journal of Medical Science, Criticism,  
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JANUARY, 1882.

THANKS.

It gives us great pleasure at the commencement of the year to return our sincere thanks to our good friends who have done so much for us during the year that is just completed, by saying kind words for us, and by recommending the JOURNAL to the professional public in such a way that the circulation has very largely increased, and is now increasing with a rapidity that has never been known in its past history. We may go further and say that its success in this respect has never been equalled in the history of Medical Journalism in Canada. We hope that we shall still retain the goodwill of our subscribers to such an extent that they may be able to assist us even more than ever before, and be the means of adding many new names to our subscription list during the year 1882. It would be quite easy for each of our friends to induce one or more to take the JOURNAL, and the result in the aggregate would add greatly to our strength and opportunities for usefulness to the profession. We have also to thank our many able contributors for their valuable communications which have done so much to increase the popularity of the CANADIAN JOURNAL OF MEDICAL SCIENCE. The encouragement we have received will impel us to make greater exertions to deserve the generous support of all our patrons. To one and all our readers we tender the compliments of this festive season with the wish that the new year may in all respects be a most happy one.

### DR. GEIKIE'S SPEECH AT TRINITY MEDICAL SCHOOL DINNER.

We publish with pleasure in another column of this issue, Dr. Geikie's letter, which gives his own version of his reference to the remarks of a previous speaker, respecting the appointment of one of the Examiners of the Ontario Medical Council. We thought that any serious mistake, such as the Doctor has pointed out, was impossible because the remarks were taken down at the time of their utterance, and not written from memory; but, notwithstanding this, we must consider the question as finally settled by the following sentence which appears in his letter, "I have every confidence in the Board of Examiners, and am perfectly satisfied that all its members will do their duty *fairly* and well." We must accept this statement without reserve, and, at the same time have to congratulate the Examiners, especially the "one," upon this frank and generous expression of confidence from one who expressed very different opinions a few months ago.

The Doctor has erred in saying, we "complain of his referring to the language or policy of public men in their absence." We referred simply to the remarks on the appointment of "one examiner, you know who," and, as we supposed, the endorsement of these remarks by Dr. Geikie; and we hope he will not assert that medical men placed in the responsible and judicial positions of examiners, are to be regarded in the light of public men, liable to be criticised and abused at public dinners, or public gatherings of any description. As regards his attack on the President of the Medical Council, we did not question his right to criticize the conduct of that gentleman, but simply deplored his want of judgment in choosing such an occasion for the expression of his views, especially after he had neglected a much more suitable opportunity of doing so in the midst of that "storm of bitterness" to which he refers, and which was so largely due to his own energetic denunciations of the actions of one of the examiners before the meeting of the Council, influencing, as they did greatly, the tone of the petition presented by the students, and the letters which appeared in the lay newspapers. As far as the

Council's President is concerned, we are not alarmed, but rather feel assured that he will be quite able to answer any attacks from such a source, without exhibiting any serious symptoms of "exhaustion."

The insinuation, that we abused the generous hospitality of the Trinity Faculty and students by sitting down at their "own table, and at the same time imputing unworthy motives," etc., is too absurd to inflict a deep wound or call for a lengthy reply, as every one knows, the Doctor himself included, that it was a public dinner with guests representing all the various classes of the community, and we ourselves were invited to represent the press, particularly this Journal, with the expectation that we would report as fully and fairly as possible all the proceedings, and surely this included the right to comment upon the speeches thus given to the public. If we adopted any other view, and allowed the speakers the privilege of criticizing the acts of others without granting any right of reply, we could only regard any attacks on outsiders as cowardly in the extreme, and we would certainly feel very sorry to be forced into the position of making such a charge against the honorable Dean of this prosperous Medical Institution, whose deep interest in the welfare of his students is well known, but whose zeal unfortunately is not always tempered with the best judgment.

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ERRATUM.—In the obituary notice of Dr. David Foulis of Glasgow, in our last issue, it was stated that he was the discoverer of the microscopic evidences of malignancy in ovarian fluids. Dr. Archibald Malloch of Hamilton, who was personally acquainted with Dr. Foulis, writes us to say that he thinks we were in error in that particular, and, on referring to Foulis's original paper on the subject, we find such to be the case, and that the credit of this discovery is due to Dr. James Foulis, of Edinburgh. True to the maxim, "*De mortuis nil nisi verum*," and actuated by a desire for scrupulous exactness in all statements contained in these columns, we are much indebted to Dr. Malloch for kindly directing attention to our mistake.

### THE STUDENTS AND THE POLICE FORCE OF TORONTO.

We regret exceedingly to find that a bad feeling is growing up between the students and the policemen of this city. It commenced by a collision between the students of the Toronto School of Medicine and the force, while the former were walking home from their annual dinner, when some stupid, ill-natured, and officious "guardians of the peace," without any provocation, attacked them with their batons, and, had it not been for the presence of Drs. Richardson and Graham, who managed to cool the ardour of these bold warriors, the consequences might have been very serious. Since that time some foolish students of various departments have transgressed the laws, and two have been fined by the Police Magistrate for their offences, and a determined hostility exists between the two parties. The students now band together and apparently endeavour while walking along the streets to tantalize the "bobbies," without actually breaking the peace, while the latter accompany the young men, in their nightly promenades, evidently thirsting for an opportunity of seizing and "running them in."

If this unequal contest continues, there can, of course, be only one result: the policemen, with the law on their side, must win, the students must lose and suffer seriously at the same time. While we thoroughly sympathize with these young men as far as the infamous action of the first "clubbers" is concerned, we sincerely hope that they will cease their endeavours to annoy the police and the citizens of Toronto by marching along the streets in crowds, and singing at unseemly hours of the night. Their friends (and they are many) are very anxious that such conduct be stopped at once before acts are done which will cause them serious trouble and disgrace.

While we cannot always approve of every act of the students, we must do them simple justice, and say that, apart from the occasional foolish pranks of an exceptional few, they act generally in a very orderly manner, and, are as a class too thoroughly in earnest to waste their time in nightly carousals as some people seem

to think the majority are accustomed to do. While most of them come from the rural districts, and are perhaps not so dapper in appearance as our city dandies, still at the same time they are, taken altogether, immeasurably superior to the short-coated, tight-trowsered fops who delight to do King Street, and we hope that our citizens will not exaggerate the follies of the few, but rather extend a generous welcome to all the students who come among us as strangers, and treat them with kindness as long as they remain with us.

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### THE MEDICAL SOCIETY OF THE TORONTO SCHOOL OF MEDICINE.

We are much pleased to learn that the Faculty and Students of this Institution have organized an Association to be known as the "Toronto School of Medicine Medical Society," which will hold regular meetings during the sessions, at which original or selected papers will be read on medical subjects, together with discussions on the papers, and opportunities will be afforded for the presentation of pathological specimens and patients. In fact, it will be conducted, as far as practicable, after the manner of ordinary scientific medical societies. From the unusual ability shown by many of the students of this school, and from the great enthusiasm which has been manifested by those concerned in the organization, we can confidently predict the most signal success.

The School Faculty has kindly placed a room at the disposal of the Society and furnished it with all the requirements of a reading room and library.

The following have been appointed the officers in the Society: President, Dr. A. H. Wright; 1st Vice-President, Mr. J. T. Duncan; 2nd Vice-President, Mr. W. C. Cuthbertson; Treasurer, Mr. J. W. Patterson, B.A.; Recording Secretary, Mr. F. J. Dolsen, B.A.; Corresponding Secretary, Mr. G. W. Clendenan; Library Director, Mr. S. Stewart, B.A.; Council, Messrs. W. J. Robinson, W. H. Montague, W. A. Richardson, R. Elliott, and W. H. Aikins, B.A.

An open meeting of the Society will be held

on Saturday evening, January 14th, when the president will deliver his inaugural address, and a discussion will follow on the subject of "the Causes of the present Epidemic of Typhoid Fever," which will be opened by Mr. W. H. Montague.

**THERAPEUTICS.**—It is acknowledged on all hands that in recent years we have made wonderful advances in scientific medicine, but at the same time the very important question arises, has our practical knowledge in the treatment of diseases increased at a proportionate rate? It has been charged that the tendency of the times is to cultivate the science of our profession at the expense of the art, and that many modern physicians who have achieved success in scientific investigations are less skilful as practitioners than a large proportion of their brethren, who make no pretensions of possessing deep and scientific knowledge. While there may be some truth in such allegations in exceptional cases, we should be sorry to think that on the whole our capacities for the skilful treatment of all diseases are not vastly increased by the results of scientific study. At the same time we fully appreciate the great importance to the practising physician of a thorough knowledge of therapeutics, and are happy to say that Dr. R. Macdonnell, of Montreal, has kindly promised to give us a series of papers on the subject, the first of which appears in this issue. From an intimate knowledge of this gentleman's abilities and judgment, we can promise that these articles will give valuable information on all new (or comparatively new) remedies which have been proved without doubt to possess therapeutic virtues, but at the same time will contain no allusions to any medicines which are not likely to be found useful in the practice of either town or country practitioners.

Dr. J. R. Jones, recently from London, Eng., formerly a student of the Toronto School of Medicine, has settled in Winnipeg, and gone into partnership with Dr. J. W. Good, who was also a student of the T. S. M.

**PROFESSIONAL FEES FOR ATTENDANCE ON THE LATE PRESIDENT GARFIELD.**—We have heard a great deal about the question of fees for professional attendance in this remarkable case, especially from the secular press of the United States, but we now learn that the papers had no data upon which to found their learned discussions, as no formal bills have been presented, and we have the authority of the *New York Medical Record* for saying that none is likely to be rendered. According to this journal, President Garfield should be considered as the Nation's patient, and as the surgeons in charge were called upon to make great sacrifices, and did so willingly, they should receive a very respectable *honorarium*, and while the United States cannot follow the example of older countries under similar circumstances, by bestowing titles, the representatives of the people in Congress, should return thanks officially to all, including the citizen surgeons, and at the same time confer promotions upon the military officers in attendance.

**OUR BOOK REVIEWS.**—We regret that pressure on our space (although increased by several pages) compels us to hold over our book reviews until next month, when we hope to notice Charcot on *Diseases of Old Age*, Holmes's *System of Surgery* (Vol. II.), Hartshorne's *Essentials*, Foster's *Physiology*, Bulkley's *Eczema*, Lusk's *Midwifery*, and Smith's *Diseases of Children*.

Prof. Busch, of Bonn, is dead. He was one of the few German surgeons who completed their education by study in Great Britain, and his practice was decidedly English in its characteristics.

Mr. H. N. Moseley, M.A., F.R.S., Assistant Registrar of the University of London, succeeds the late Professor Rolleston in the Linacre Professorship of Physiology at Oxford.

Robert Dwyer Lyon, M.D., M.P., is the Crown nominee to the General Medical Council of Great Britain in succession to the late Dr. A. H. McClintock.

Mr. Erasmus Wilson, President of the Royal College of Surgeons, and Mr. William MacCormac have been knighted, as also Dr. John Kirk, Her Majesty's Agent and Consul-General at Zanzibar, and Geo. Birdwood, M.D., C.S.I., Assistant Reporter in Statistics, India Office.

Dr. Joseph Lewis Pancoast, eldest son of Dr. W. H. Pancoast, of Philadelphia, died in November.

Dr. W. J. Wilson has removed from Stouffville to Toronto, and is living on Rose Avenue.

### Book Notices.

*Atlantic City as a Winter Health Resort.* By BOARDMAN REED, M.D., Atlantic City, N.J.

*Vick's Floral Guide, 1882.* JAMES VICK, Rochester, N.Y.

*Transactions of the Michigan State Medical Society for 1881.* No. 1. Vol. VIII.

*Ninety-Ninth Annual Catalogue of the Medical School (Boston) of Harvard University, 1881-82.*

*Recent Progress in Surgery. Report to the Wisconsin State Medical Society.* By N. SENN, M.D., Milwaukee. (Reprint from *Trans. State Med. Society, Wisconsin.*)

*Annual Address delivered before the American Academy of Medicine at New York, 20th Sept., 1881.* By E. T. CASWELL, A.M., M.D., President. Reform in Medical Education the aim of the Academy.

### Meetings of Medical Societies.

#### NORTH-WESTERN BRANCH, ONTARIO MEDICAL ASSOCIATION.

The following were present:—Drs. Nichol, Dingman, and Burgess, of Listowel; Collinge, Stewart, and Standish, of Palmerston; Yeomans, of Mount Forest; Sinclair, of Walkerton; Gillies, of Chesley; Gun, of Durham; Cowan, of Harriston; Sloan, of Blyth; Graham, of Brussels; and Stewart, of Brucefield.

Dr. Yeomans in the chair.

It was moved by Dr. Gun, seconded by Dr. Sinclair, "That we form a Medical Association to be known as the North-Western Branch of the Ontario Medical Association." Carried.

It was moved by Dr. Gun, seconded by Dr. Gillies, "That the meetings be held quarterly." Carried.

Moved by Dr. Gun, seconded by Dr. Sinclair, "That Dr. Yeomans, of Mount Forest, be President for the ensuing year." Carried.

Moved by Dr. Burgess, seconded by Dr. Gun, "That Dr. Stewart, of Brucefield, be appointed Secretary for the ensuing year." Carried.

It was moved by Dr. Gun, seconded by Dr. Stewart, of Palmerston, "That the Constitution and By-laws of the Ontario Medical Association be adopted, except article (7) seven." Carried.

It was decided to hold the next meeting at Palmerston, on the 15th of February, at 2 p.m.

Drs. Graham, of Brussels; Collinge, of Palmerston; and Stewart, of Brucefield, were appointed to read papers at the February meeting.

Dr. Standish, of Palmerston, was appointed to open a discussion on the nature and treatment of diphtheria.

J. STEWART, Secretary.

### APPOINTMENTS.

Robert William Bell, of the town of Peterborough, Esquire, M.D., to be an associate coroner in and for the County of Peterborough.

William Henry Taylor, of the village of Bradford, Esquire, M.B., to be an associate coroner in and for the County of Simcoe.

### Births, Marriages and Deaths.

#### MARRIAGES.

On the 14th inst., at the residence of Dr. W. W. Ogden, 170 Spadina Avenue, by the Rev. W. J. Hunter, assisted by Rev. N. R. Willoughby, Dr. Geo. Willcock, to Annie, eldest daughter of William Filbert.

At Ferryland, Newfoundland, November 21st, Robert Hillary Carey, M.D., late of Halifax, N.S., to Mary LeMessurier Morry, third daughter of John Morry, Esq., Postmaster of Ferryland.

At St. Jude's Church, Oakville, on the 8th inst., by the Rev. J. B. Worrell, M.A., rector, Dr. Ernest Arthur Smith, of Ripley, County of Bruce, only son of J. E. Berkeley Smith, Esq., Bursar of the University College, at Toronto, to Lillian, eldest daughter of James W. McCraney, Esq., of Elm Place, near Oakville.

#### DEATH.

At Baltimore, Md., on the 3rd inst., Elizabeth H. Girvin, wife of E. D. Ault, M.D., of Aultsville, in her 27th year.

# THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

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TORONTO, FEBRUARY, 1882.

## Original Communications.

### THE CAUSES OF THE PRESENT EPIDEMIC OF TYPHOID FEVER.

Read by Mr. W. H. Montague, at the Inaugural Meeting of the  
"Toronto School of Medicine Medical Society,"  
January 14th, 1882.

MR. PRESIDENT AND GENTLEMEN,—As you are aware, the medical world has never been unanimously agreed upon the exciting cause of this disease. At the present day we meet with two principal theories which in altogether different ways account for its rise and spread. The first of these, whose most illustrious advocate is Dr. Murchison, declares the source of the affection to be a poison derived from the decomposition of either organic or inorganic substances. The product of this decomposition by various means gaining entrance into the body of its victim, and there performing its characteristic work. In defending this, which he names the "Pythogenic" theory, Dr. Murchison refers to the outbreak of the disease at Westminster School in 1857. In that case he tells us that the disease followed very exactly in its course the line of a foul and long neglected private sewer or immense cess-pool, in which fecal matters had been for years collecting without means of exit. This sewer communicated directly with the drains of all of those who were stricken with the epidemic, and from this fact Dr. Murchison concludes that the cause of the disease is the poison of ordinary decomposition. With regard to this, however, Dr. Collio, of the Homerton Fever Hospital, has pointed out that although the contents of this cess-pool had been accumulating for years and emitting its horrid stench,

yet the outbreak did not occur until immediately after several minor cess-pools had been opened into the larger one.

Had the typhoid appeared comparatively early in the history of this cess-pool and continued during its existence, it certainly would be admissible as evidence of the probability of ordinary decomposition being able to produce the disease. I might refer you to the records of numerous instances where epidemics are supposed to have had a similar origin. Indeed I do not doubt that we ourselves have most of us seen occasions when, to say the least, it would be very convenient to adopt this view of the matter; but let us understand that not only do such instances not establish the correctness of the theory but that positive evidence is at hand to prove that from the very worst forms of ordinary decomposition no typhoid has arisen. Dr. W. Budd records a most remarkable case of sewage decomposition unattended by any outbreak of disease, viz., that of the Thames, in 1858 and '59, "When," to use his own words, "the sewage of nearly three million of people had been allowed to seethe and ferment beneath a burning summer sun. So horrid was the stench that the river steamers lost their accustomed traffic, and even hurried travellers passed miles around rather than cross London bridge," and yet with all this the city was remarkably healthy. Another argument, which may be justly urged against the pythogenic theory of the disease, is the fact of its exhibiting no choice of those who in the meanest and lowest walks of life are in the midst of continued filth, who are no more liable to the disease (beyond the fact of want, dissipation, and consequent low vitality rendering

them more liable to the occurrence of any disease) than are their more fortunate brethren in the higher walks of social life.

We are, therefore, I think impelled to the conclusion, notwithstanding the opinions of the eminent Dr. Murchison and his supporters, that to the rise of typhoid fever something more than ordinary decomposition is indispensable.

I need hardly say that the theory most commonly received now is that which was first favorably promulgated by Dr. VonGietl, on the continent, and which Dr. Budd has so strongly advocated in England, and which makes the fever-producing principle the existence of a specific poison, an organized germ,—a *contagium vivum*,—derived from a previous case of the disease introduced into the body multiplying itself indefinitely in its new position, producing symptoms of an exactly similar or slightly modified type to those of the primary disease, passing from the patient's body in the alvine discharges meeting with destruction, or more frequently finding a reception in some situation favorable to a continuance of its life and development. It is an unmistakable fact, that there are numberless instances upon record where the disease has been conveyed from the sick to others who were not under any of the unhealthy conditions to which the original patient might have been subjected previous to his illness, and which, therefore, could be accounted for on no other hypothesis than the existence of a specific poison. Dr. Austin Flint, in his "Practice of Medicine," lays particular stress upon the North Boston epidemic, as proving the contagious nature of the disease.

A traveller is ill. He stops at the tavern in North Boston, a small village of nine families, a few miles from Buffalo. His case proves to be a well marked one of typhoid fever, and he dies in a very few days. Up to that time no traces of the disease had ever been known in the village. The neighbours, all but one, who, being at variance with the rest of the village, remained within his own home, visited the sick man, and used the water from the tavern well, and it is a remarkable fact that all the families in the village were afflicted subsequently save Stearns, who had had no communication

with the others, and who used water from a well of his own. In forty-three of a population there was no less a percentage than ten deaths.

As Dr. Flint concludes, the laws of probabilities would not authorize the supposition that the peculiarity of the events depended upon a strange coincidence, and nothing more.

Trousseau narrates the circumstances of a number of outbreaks in different parts of France, which are not less strong proof of the existence of a contagium than that to which Dr. Flint gives prominence. Liebermeister, in his exhaustive article in Ziemssen's "Cyclopædia of Medicine," defines typhoid to be a miasmatic contagious disease, and after a lengthened discussion of the matter, concludes decidedly the poison of typhoid fever does not originate in decomposing substances but is a specific poison of itself; and in dealing with some of the objections made against the theory, he refers to some German village where decomposition, to no small extent, had been going on for ages, and yet no typhoid had occurred until the introduction of the specific poison. Nor do I think that any of us, even though our fields of opportunities have been of the most limited area, are unable to recall instances where the rise of the disease was explainable on no other ground than that which Liebermeister defends. Accepting then, as I think we must, that every case of typhoid has its origin in the poison from a previous case, there remains but a moment for us to consider the nature of that contagium, after which we shall be in a position to discuss particularly the epidemic so prevalent in this city.

That contagion is a living entity, I suppose is accepted as proven by the manner in which it conducts itself both outside and inside the persons of its victims. That it is discharged with the matters from the bowels, few will doubt, whilst some have contended that it is also discharged with the other excretions of the patient, an idea that seems to be open to very serious doubt.

That it multiplies itself has been clearly proven, a fact which as we shall see hereafter, is of great importance, and that finding its way into favourable situations, its existence may be



much prolonged, and that it remains suspended in fluids or mingled with atmospheric air, in both of which situations it retains its inherent activity.

From what we have seen then, of the nature of this contagion, we can readily understand how a single case of the disease, under circumstances favorable to the spread of the poison, might be justly regarded as the starting point of even a more severe epidemic than that it has been the misfortune of Toronto to have felt during the past summer and autumn. Nor do I think it an extravagant supposition that, in a city of nearly a hundred thousand inhabitants, there should always exist one or more cases of a disease peculiar to the country. Dr. Wilson, indeed, in his work on the Specific Febrile Diseases, declares that no city of the temperate zones is ever free from the disease. But it is not even necessary to suppose a single case actually in existence at the time of the outbreak of an epidemic. From what I have said regarding the contagium, we can readily conceive of an outbreak finding its origin in poison, which, arising from a case long past, has been disturbed and found its way into channels, through which it infects. In adopting this idea of a contagium, and rejecting the "filth and dirt" theory, I do not wish to be understood as desiring to detract from the glory of those to whose tender mercies the sanitary matters of our city are committed. Were it possible typhoid fever could arise, as Dr. Murchison contends it does from "filth and dirt," be it said, to the credit of those particularly interested this would have been a potent factor in bringing about the epidemic we discuss to-night.

Supposing, then, one or more cases of the disease have existed in Toronto at some previous time, I wish to point out a number of circumstances which have assisted greatly in rendering the disease sufficiently prevalent as to be justly entitled an epidemic.

The summer and autumn just past have been seasons of unusual drouth, and more than once has it been pointed out that drouth and heat are favorable to the spread of the malady.

In England the summers of 1865, 1866, 1868, and 1870, were remarkable alike for

their great heat and prolonged drouth, the early rise and rapid and extensive spread of enteric fever. Whilst the summer of 1860 was noted for its cold and wet, and likewise for its unusual freedom from the disease. Indeed the records of the London Hospital show that in the year just mentioned, typhoid patients were only 50 per cent. as numerous as the average for the twelve years previous. It might be as well to notice in passing that the City Commissioner is not in any way responsible for any influence which the drouth of the past summer may have had over the epidemic.

Drs. Bristowe and Collie differ as to when the discharges from the sick are capable of infecting. The former says "not until decomposition has set in." I am inclined to think with the latter, that fresh stools are capable of infecting; and should we accept Dr. Collie's opinion upon this point, we have at once an important means by which the disease may spread. Attendants, members of the same family, and visitors are liable to be the agents by which typhoid may be carried to other parts. However this may be, I do not doubt that this epidemic, as all other epidemics of the same kind, has been mostly caused by the careless and improper disposal of the discharges from the bowels of the sick. These discharges not receiving proper disinfection, and being thoughtlessly disposed of, the germ is allowed to live, and ultimately finds itself a way into sources whence it contaminates all of the population. In the first place it may do this through the medium of the atmosphere. I believe there can be no doubt that these germs may float about in the air, gain entrance to the mouth in the inspirations, and afterwards become swallowed. Some one has suggested that they even enter the lungs and there mingle directly with the blood.

Liebermeister states, that in the hospital at Basle, he often saw cases arise, which as far as could possibly be seen, excluded every other means than propagation by the atmosphere; and Dr. Von Gietl cites a very interesting case of the village girl, who had contracted typhoid fever in Ulms, and returned to her native village, where typhoid fever had not been known for a long period of time, to remain

during her illness. The discharges from the bowels were thrown upon a dunghill. Several weeks later, five persons were employed in removing the dunghill, when four became stricken with the disease. The excrement of these four patients being buried deep in the dunghill. Nine months later, two persons were employed in completely removing the dunghill, when one of them sickened with typhoid and died. Granting, then, that air is capable of being instrumental in this way, there can be little difficulty, I think, in seeing how it has assisted in spreading the present epidemic. In many cases, no doubt, the feces have been thrown upon yards, or neighbouring vacant lots, or into out privies used by a number of people, and have filled the air with the typhoid product. In other cases these feces have been cast into privies connected with the sewers, and the contents of the sewers have by this and other means been made bearers of the germ, which has escaped from them together with other matters (not necessarily gaseous) on account of defective traps, badly constructed privy vaults, local stoppages of the drain, and other means.

But unfortunately air is not the only medium through which the disease has in all likelihood spread.

Very many instances are upon record where contaminated drinking water has been a fruitful cause. Stuttgart was afflicted with an epidemic in 1872. In 1881, the meadows from which a portion of Stuttgart aqueduct is supplied, had been thickly manured with matters taken from the city sewers. In January, 1872, a thaw occurred, and on February following typhoid became prevalent in that portion of the city supplied by this means, although in other parts the disease was no more prevalent than at ordinary times.

The epidemic, too, which occurred in the valley village of Lausanne, Switzerland, in the same year, and in which one hundred and forty persons were attacked, is even better evidence on this point.

A mountain stood beside this village, and beyond the mountain a valley, in which a few farm houses were situated. From the foot of the mountain Lausanne received its water supply. A case of typhoid occurred in the valley

beyond. The dejections were thrown into a small stream, and immediately upon the meadows of the valley being irrigated for a second hay crop, an epidemic occurred in Lausanne, which had always been peculiarly healthy and free from disease. It was believed that water from beyond the mountain could find its way into the spring whence Lausanne received its water supply.

This was established by salt being put into the stream beyond the mountain, salt appearing on the day following in the Lausanne stream. Thus the poisoned water from the neighbouring valley had found its way by a long underground course into the spring at the base of the mountain, and had borne disease and death into the homes of Lausanne. I need say nothing regarding city water. The source of supply has been condemned by competent authority. But well water is even worse than city water. Numerous families are supplied by wells, whose contents are rendered anything but pure by the soakage which they receive from yard and privy, the latter convenience being in many cases their nearest neighbour.

Again, a great deal of milk is consumed in Toronto, or rather a small amount of milk mingled with a very large proportion of water. It has been shown that only a very small percentage of the vendors deal out unadulterated milk, and the fact of their watering the article is in itself enough to make us sincerely doubtful whether they are scrupulously careful regarding the quality of the water which they employ. Indeed, the appearance of man and outfit in many cases would lead us to suspect that the water thus used had been intended for, and certainly badly needed, in a cause more respectable but decidedly less profitable.

After all, however, it is perhaps as well that the individual does not employ that amount of ablution which we would deem necessary, as in any case he would not be likely to be disposed to waste the water.

In Southport, one case after another was occurring, until in two weeks a total of 28 was reached. The health officer found, to his surprise, that with two trifling exceptions the sanitary condition of the houses was excellent. At last it was discovered that all the families

afflicted were supplied with milk by a certain dairyman. A visit to this dairyman's premises led to the discovery of a well horribly polluted with soakage from a filthy cesspit near it. This milk supply was stopped, and the epidemic ceased to spread.

I do not doubt that similar causes have operated here; but the successful means which Southport adopted to search them out are seemingly not at hand, and they probably operate still, in not only assisting typhoid to spread, but in being the direct cause of many of those disorders to which the infantile portion of our population is especially liable.

Those who believe that animals are subject to typhoid, of course point to unwholesome meat being a means by which the affection may spread. I do not think that we would be justified in supposing this to have had an influence in the present case.

#### HOSPITAL NOTES.

BY L. M. SWEETNAM, M.D., C.M.

The following are notes on cases at present in the General Hospital, under the care of Dr. I. H. Cameron; the treatment mentioned was adopted at his request.

*Ammoniacal Inhalations.*—It is an old idea that the atmosphere of stables and cow-houses, which contains the carbonate of ammonia in considerable quantity, is beneficial to those suffering from pulmonary phthisis. Recently Melsens conceived the idea that the moderate, but continuous inhalation of this salt might be useful in many affections of the respiratory organs. In order to prove the value of this form of treatment, he caused several patients, suffering from bronchitis, to wear outside their shirts, and over the upper part of the sternum, a bag containing some pieces of carbonate of ammonia, the almost invariable result was relief from the first day of wearing it. He also successfully tested the remedy in his own person, when suffering from bronchitis, as did also a Belgian physician in Brussels.

This treatment we adopted a few weeks ago in the case of two patients tormented with a distressing cough, one due to tubercular, the other to simple chronic bronchitis. During the

first night one of the patients complained of a sense of suffocation, and fullness of the head; on the day following, however, the cough appeared less troublesome in both cases, and at the end of ten days their sleep, which had previously been much broken by the cough, became comparatively undisturbed; the feeling of lassitude consequent upon the broken rest to a great extent disappeared, the expectoration became diminished in quantity, and instead of being greenish in colour, became almost white, and frothy in one, and disappeared in the other.

In ten or twelve days, the carbonate of ammonia—about 3 iv.—had become entirely volatilized, the bags were not then refilled, and before a week had elapsed both patients were anxious to resume the treatment, one on account of a nasal catarrh, which had been much relieved by the ammonia, and both for the relief of the cough, which had increased while the treatment was omitted. The ammoniacal inhalation has since been resumed with the usual improvement.

We are inclined to believe that in this form of inhalation, we have a remedy calculated to palliate—in the majority of cases—that most distressing symptom of a disease so constantly fatal, and over whose course we have so little control.

Whilst special attention has been paid to its usefulness in the treatment of cough, due to tubercular bronchitis, we expect to hear of its success in the treatment of coughs due to chronic bronchitis, even when complicated by dilatation of the bronchi; it may also prove useful in the treatment of acute laryngitis, as narrated of a case in the *London Medical Record*.

*Alcoholism and Pneumonia.*—There appears to be a pretty widespread opinion that pneumonia in an alcoholic patient is a disease necessarily attended with a fatal result. This impression is, no doubt, true in the main; but the following is a brief history of a case which had a more fortunate termination, probably due to the patient's youth:—

W. W., aged 20, was admitted into the Hospital on Thursday night, the 29th December. As ascertained from himself, after convalescence, he had been given to drinking for three

or four years, but heavily only at intervals during the past year. He was a tuck-pointer by trade, and lately much exposed to wet and damp. On the Saturday preceding his admission he had been on a heavy spree, and on Sunday felt greatly out of sorts. He soon developed pain in the right side and cough, and on medical advice being sought it was ascertained, he said, that he was threatened with inflammation of the right lung, which, however, the doctor hoped to avert. Instead of improving, however, he grew worse, and on Thursday he was so delirious and unruly that his mother had him removed to the Hospital. He was admitted in a semi-conscious state with pain in right side and difficulty in breathing. During the night active *delirium tremens* developed; he talked incessantly in a rambling fashion, suffered from hallucinations of sight, and could with difficulty be kept in bed. Examination of the chest on the following day revealed the physical signs of pneumonia (crepitation in some parts, tubular breathing, dullness, and increased vocal fremitus), over the greater part of the right lung; the expectoration resembled a thick bloody jelly and was copious. He was ordered:—Ammon. carb. ʒiiss., tr. cinchon. co. ʒj., tr. capsici, ʒij., syrupi, ʒj., aquæ ad. ʒviij. Sig. ʒss. o. h. 3. sum. The pulse was small, soft, and feeble, and the skin perspiring. He was allowed milk *ad libitum*, but no stimulants. On admission he had been given half drachm doses of bromide of potash and chloral hydrate; but notwithstanding their repetition at a few hours' interval, he got no sleep for the first two or three days, and then only momentary snatches, waking up as delirious as ever, so that he had to be constantly watched for five or six days and nights, but ultimately fell asleep and woke up rational. The lung symptoms remained *in statu quo* for several days, except that the sputa assumed the prune juice type, and resolution then set in and progressed with fair rapidity. An attack of diarrhoea came on which proved rebellious to the ward mixture (catechu, paregoric, and lime water) for a couple of days, but was soon controlled by the following:—R. Argenti nitratis gr. xvj.; acidi nitrici diluti, ʒij.; tincturæ opii deodoratæ, ʒij; tincturæ cardamomi compositæ,

ʒj; mucilaginis acaciæ ad, ʒviij; misce. Sig: ʒss., exaquâ o. h. 4. sumat. Convalescence was speedily established and he went out on January 18th cured.

### PUERPERAL ECLAMPSIA.

BY JOHN FERGUSON, B.A., M.B., L.R.C.P., EDIN.

Assistant Demonstrator of Anatomy, Toronto School of Medicine.

Recently this subject has been attracting a good deal of attention in the columns of the CANADIAN JOURNAL OF MEDICAL SCIENCE. The variety of treatment, which has been proposed from time to time, is sufficient proof of the importance of the disease. In this article I purpose making a few remarks that may lead others to give the results of their observations and experiments in its management. I wish to say in the beginning that my opinion is that eclampsia may be due to different causes; but the great factor is the reflex excitability of the nervous system, found at or about the time of confinement.

1. Cases may arise from congestion or hyperæmia of the nerve centres. These occur generally in plethoric persons of short stature, and thick neck. During labor the lungs are filled with air, the diaphragm fixed, the glottis closed, and violent efforts made to effect the expulsion of the uterine contents. There is powerful muscular action during a long interval that the same air is retained in the lungs. In other words violent expiratory efforts without expiration being accomplished. These are just the circumstances that favour cerebral congestion, and especially when they occur in persons such as we have supposed. In this condition the blood becomes highly venous and loaded with carbon dioxide. Now it is well known that carbon dioxide in the blood acts as a powerful stimulant to the respiratory centres, and causes convulsive efforts to breathe. Here we have a cause, which acting at this irritable period of the nerve system, is sufficient to diffuse itself over wide areas of the motor tracts. Should eclampsia take place in such a patient, I would certainly advocate the use of the lancet, and then give morphia hypodermically to calm the system and lower reflex excitability, which it

beyond all doubt does. Moderate doses of morphia are quite sufficient in such cases.

2. Cases of the second class arise from some poison in the blood. They are toxæmic. What the true nature of this poison is we do not know; but it acts as an irritant, and causes spasmodic action of the muscular system, as is seen in anæmia. Here morphia is likely to achieve its greatest conquests. It will most assuredly blunt the nerve centres and lessen the reflex action of both cord and brain. In such cases, it must be pushed with no timid hand, and given in at least gr. i. to gr. iss. doses hypodermically, and followed, if required by sufficient injections to keep the nervous system quiet. It should be followed with diuretics and purgatives. Examples of this kind may occur from an early date in gestation onward.

3. The third class of cases to be noticed is the anæmic. I am inclined to regard these as by far the most frequent. The anæmic state of the nerve centres may exist in many persons who escape convulsions, owing to a less excitable state of the nervous system or the anæmia not being so marked. The impoverished and hydræmic state of the blood has existed for some time previous to labor. The nerve centres have, for some time, been poorly nourished, and have become irritable, in fact they are in a fit condition for reflex action. When great muscular efforts are being made, large amounts of oxygen are demanded, but this latter is just what the watery blood and enfeebled circulation cannot give. We have seen that carbon dioxide is a powerful excitant to muscular action when it comes in contact with the nerve centres. Just so is the want of oxygen. This lack of oxygen in an excitable state is a sufficient cause for severe convulsive efforts. What will morphia do in such a case? If given in suitable quantities, say gr. ss. hypodermically, it acts as a tonic to the heart's action, the beats become slower, fuller, and steadier. But this is not all. It greatly increases arterial tension, and thus improves the circulation through the nerve centres, and gives them more oxygen. At the same time it lessens the reflex irritability of the cord and brain as we have already seen. The hypodermic injection of digitalis has already yielded

good results, and may be combined with the morphia. When thus administered it acts speedily as a heart tonic.

4. A fourth set of cases arises from irritation in the digestive system. After a full meal of rich articles of diet, the woman has a convulsion. Here the pneumo-gastric and sympathetic nerves carry information of the state of matters to the centres, and there follows convulsive action of a reflex character. In such a case an emetic, enough morphia to soothe and a purgative are all that are required.

5. In a fifth class of cases the uterine system is the cause. Here the trouble is purely reflex. The sympathetic and sensory filaments of the cerebro-spinal nerves carry the stimulus to the centres, and there is reflected along the motor nerves to spend itself in a convulsion. Morphia is again useful on scientific grounds; for by it we have complete control over such cases. It is in this group that we mainly meet with true eclampsia at a very early period of pregnancy.

#### RARE DISLOCATION OF THE UPPER EXTREMITY OF ULNA INWARDS, THE RADIUS REMAINING IN ITS NORMAL POSITION.

BY GEORGE WRIGHT, M.A., M.B.,

Demonstrator of Anatomy, and Associate Lecturer in Materia Medica, Toronto School of Medicine. Surgeon to the Hospital for Sick Children and Home for Incurables.

Miss A. B., æt. 9, met with the accident on Tuesday, August 24th, 1881. Supposed to have fallen about three feet on the elbow. Saw her at my office the following morning. Diagnosed dislocation of upper extremity of ulna inwards, and attempted to reduce it, but without success. On same afternoon was seen at Hospital for Sick Children, by Drs. A. H. Wright and Machell, in conjunction with myself. As some doubt was expressed about the correctness of my diagnosis, I decided to keep limb quiet a few days, and on leaving the city for ten days the case was under the charge of Dr. A. H. Wright. During this time Dr. Cameron also saw the case. As soon as the swelling subsided it was evident that there was a dislocation, and I directed the friends, on my return, to bring the child again to the hospital;

but a delay ensued on account of the objections of the mother to have "anything done" to hurt the girl. At length, after urgent solicitations on my part, they brought her to the hospital on the 21st September, twenty-eight days after the accident. A careful examination was made by almost all the members of the staff, and accurate measurements between the bony prominences were taken, and all agreed that there was dislocation inwards of the olecranon process upon the inner condyle of the humerus, the head of the radius remaining in its normal position. There was no pain nor swelling; all the motions of the arm were perfect; but the patient was unable to sustain any weight upon the arm in extension by reason of the tendency to rotate inwards, and the "carrying power" was lost. I attempted reduction under anaesthetics, but after an hour and a half's effort by myself and all the gentlemen present, and by every means suggested by the best authorities, we failed to reduce the dislocation. The arm was put in an elevated easy position, with patient in bed, cold water applied, and not a single bad symptom followed this somewhat violent manipulation. The friends refused to allow any further attempts at reduction.

I have given this brief report, in the first place, on account of the great rarity of the accident. I can find no report of a case exactly like it. Dr. Frank Hamilton simply mentions the possibility of such a dislocation. In the second place, the fact that we were utterly unable to reduce the dislocation after such a prolonged trial was to me a matter of great surprise as well as disappointment, because the joint was exceedingly lax and the olecranon was freely movable, the tip gliding very readily up and down the posterior surface of the internal condyle. In fact, from all the indications, I expected it would be a comparatively easy matter to place the bone in its proper position. The laxity alluded to was not, however, confined to the elbow, but existed in all her joints, and the fingers especially were all "double-jointed." When the child was two years of age she received an injury to this same elbow which caused the separation of this epiphysis, the external condyle being broken off, and it may be that this accident left a condition in the joint which favoured the possibility of the inward displacement of the upper extremity of the ulna without carrying the radius with it.

## A RARE CASE OF CALCULUS.

UNDER THE CARE OF L. M'FARLANE, M.B.,

Surgeon to the Toronto General Hospital and to the Home for Incurables. Adjunct to the Chair of Anatomy, and Demonstrator in the Toronto School of Medicine.

For the notes of this interesting case we are indebted to Mr. W. H. Macdonald of the Resident Staff.

W. B., aged 19, was admitted into the Hospital, from the Home of Incurables where he had been two weeks, on — Dec., 1881. He was very low, and no history was obtainable, except that he had been suffering for 6 or 7 years. He was very much emaciated and ill-developed, and presented the appearance of a boy 10 or 12 years old. A hard, brawny, red and tumid condition of the perineum was found; and a little to the left of the median line, about an inch in front of the anus, a small urinary fistula was seen to open. Catheterism was impracticable. An incision was made through the centre of the swelling, and the knife struck upon a stone. On introducing the finger, it was found that a large calcareous mass occupied the whole space between the pubic arch and rectum. In view of its size and the low condition of the patient, no attempt was then made to remove it. Per rectum a stony mass within the bladder could be detected. Urine dribbled away freely enough, and no uræmic nervous symptoms were presented; but the boy shortly succumbed to an incoercible diarrhoea and asthenia.

The autopsy, made a few hours after death, revealed: thoracic organs, normal; liver, slightly enlarged and fatty. The left kidney was represented by a small mass of fat and fibrous connective tissue, reniform in outline, but devoid of kidney structure, with a shrunken and impervious ureter. The right kidney was a large, purulent sac, with very little renal structure remaining. Its ureter was dilated. The bladder was thickened and contracted, closely enveloping a phosphatic calculus, one-half ounce in weight. The lower bladder wall was defective, so that the calculus it contained articulated by a faceted surface with the extra-vesical calcareous mass which occupied all the space beneath the arch of the pubes, measuring 2 by 2½ by 1½ inches, and weighing

2½ ounces. The urethra seemed to be obliterated at its pubic end, as nothing could be passed along it, and no connection traced between it and the bladder. The spleen, stomach, and intestines, appeared normal.

### CASE OF EMPYEMA.

(Under the care of Dr. L. McFarlane, reported by Mr. W. H. Montague.)

Wm. K., English farm hand. Family history as follows:—Father living and healthy, mother died at 52 years of age from enteritis. Sisters healthy. Three brothers dead, two of whom died in infancy, the other in early manhood, of what disease he does not know. Has been temperate in his habits, and remembers being sick but once in his life until very recently. At that time which was in his childhood, had some form of fever. Dates rise of present illness to February, 1881. At that time caught a heavy cold. Noticed very severe pain in his left side. This pain lasted about twenty-four hours. After this attack was very weak, had a slight cough and very great difficulty in breathing.

In May following had an attack of rheumatism. Patient "felt miserable" and was slowly losing flesh until middle of June. At that time was seized with a sudden and violent fit of coughing which lasted for about an hour. It came on again the following day, when he spat up a large amount of purulent matter. Continued in this condition until admitted to the Hospital, at which time he was weak and very much emaciated. His appetite very poor, his cough very troublesome. He lay constantly on his left side. On changing to his back or right side, or on rising a distressing cough came on. Had very marked hectic. Bowels regular and urine normal.

Physical examination revealed very slight respiratory movement on left side. Left chest measured 1½ inches more than the right, bulging of intercostal spaces. Dullness on percussion over the whole of left lung. Absence of tactile fremitus and suppression of respiratory sounds. Apex beat of heart heard near the centre of chest.

Dr. McFarlane operated on October 10th, by introducing a ½ inch trocar and canula between the 6th and 7th ribs. The trocar was withdrawn and a rubber tube inserted through the canula and left in the chest, being secured by means of adhesive plaster. An exceedingly large quantity of thick pus was drawn off, and subsequently the cavity was washed out with a weak antiseptic solution. The washings were continued twice a day for about ten days, afterwards once a day till the 3rd of November, when the tube was removed. The cough ceased and the appetite improved almost immediately after the operation. The patient left the Hospital about the 15th of November, quite recovered and in good general health.

### TOXIC EFFECTS OF NITRO-GLYCERINE.

BY R. BARRINGTON NEVITT, B.A., M.B.,

Surgeon to the Hospital for Sick Children, the House of Providence, and the Toronto Dispensary.

A. B., a florid healthy-looking man of about 40, by occupation a contractor, having a great deal to do in constructing drains, makes use of dynamite cartridges. He frequently carries one of the cartridges about with him in his bare hand for the purpose of warming it. The cartridges are made of paper, and the nitro-glycerine often leaks through, staining the paper. He has noticed on one or two occasions a stinging sensation when he had a cut or crack on his hand. After this within a few minutes he would be seized with an intense headache, flushing of the face, singing in the ears, and a feeling as though the head were enormously enlarged and swollen, together with a palpitation of the heart. At other times the headache would not come on until night, after his return from work. It would then occur, accompanied by the same symptoms as during the day, and was traced to his usual custom, after washing his hands as thoroughly as possible, of touching his tongue with the fingers, to see if all the dynamite was washed off. It was only when he tasted a peculiar sweetish taste that the headaches were found to supervene. After being advised of the probable cause of these symptoms he used gloves when handling the cartridges, and did not taste his fingers, and has since had no sensations of the above character.

### Selections: Medicine.

#### SAUNDBY ON THE TREATMENT OF CONSUMPTION.

Dr. Robert Saundby, in the *Practitioner*, October, 1881, p. 249, gives a very valuable *résumé* of this subject. Cod-liver oil and quinine are Dr. Saundby's sheet anchors, the hypophosphites having disappointed his expectations. Good nourishment and attention to the digestive functions form the best treatment of cough. If a consumptive patient want to take a short cut to the next world, he has only to take an opiate, paregoric for example. Codeia is most valuable. Camphor inhaled, a lump under the pillow, or some powder in a jug of boiling water, forms an effectual anodyne. To prevent dryness of the mouth, a compressed tablet of chlorate of potash and borax in the cheek remains all night, and causes sufficient salivary secretion to keep the air-passages moist. The bronchitic attacks are to be met by the use of turpentine vapour and counter-irritation, and sulphur internally. Nothing controls the profuse secretion of the bronchial mucous membrane so readily as fifteen to twenty grains of sulphate of iron, given in pills or mixture during the day. The use of oro-nasal inhalers, charged with carbolic acid or eucalyptus oil, is strongly advocated. For anorexia, quinine does more than any other drug; while the peptones, Hoff's malt extract, and such like preparations, are, in many cases, most valuable. Cod-liver oil, in doses of one teaspoonful, after meals, thrice a day, Dr. Saundby believes to be quite sufficient, larger doses not being assimilated. The diarrhoea is always controlled by two drachms of dilute sulphuric acid to the pint of sugared orange-water, drunk *ad libitum*, unless ulceration be present; and then starch and laudanum enemata, or an enema of half an ounce of liquid extract of ergot, will, in most cases, give relief. The sweating is generally controlled by the same means as are used for the diarrhoea; but if not, then atropine or picrotoxin must be used. Hæmoptysis Dr. Saundby treats with ergot internally or subcutaneously. In conclusion, a tabulated view

is given of the different remedies. Specific: quinine, cod-liver oil; Cough: liquorice, camphor, codeia lozenges; Bronchitis: turpentine inhalations and epithems; Purulent expectoration: eucalyptus inhalation, sulphate of iron; Anorexia: quinine, peptonised food, malt extracts, cod-liver oil, ether, alcohol; Diarrhoea: sulphuric acid, ergot, ergotine. A good prescription in many cases is the following: R Quinæ sulphatis, gr. j; specific, tonic; Ferri sulphatis, gr. v; for profuse expectoration; Acidi sulphurici diluti, *mxv*; for sweating, diarrhoea, and hæmoptysis; Aquæ, ad 3j. M. To be taken thrice daily. If the sweating be not hereby checked, a minim of solution of sulphate of atropine may be added, and codeia lozenges may be given, with cod-liver oil in addition, if need be.—Richard Neale, M.D.—*London Medical Record*.

#### MYOEDEMA.

Idio-muscular contraction or myœdema is the name given to the phenomenon produced in a muscle when a sudden local stimulus is applied to it, as the tap of the index finger, causing a small quickly-vanishing nodule to appear at the part struck. M. D. Labbé has lately been investigating the semeiological value of this phenomenon in certain morbid conditions.

Its seat of predilection is the front of the thorax, where it may best be produced by a sharp, sudden stroke of the index finger. After four or five shocks, the muscle becomes exhausted, and requires 15 or 30 minutes' rest before it will again respond to the stimulus. Physiologically, its volume is that of a lentil or coffee bean, its duration two or three seconds, and it is produced equally upon either side of the thorax. Pathologically, its duration is exaggerated to 5 or 15 seconds, its size increased to that of a nutmeg, an olive, or an almond, and it is unequal upon the two sides of the thorax.

Lawson Tait describes two varieties—1st, the most common, the instantaneous production of the nodule upon the part struck; 2nd, Storr's nodule, produced by the meeting of two contractile muscular currents, which set out from opposite extremities of the muscular fibres.



Lawson Tait considers that myoedema is a certain sign of pulmonary tuberculosis, both in its fully developed and latent forms. He also considers that it is a certain indication of a softening tubercle deposit, and that its intensity bears a direct ratio to the rapidity and to the amount of pulmonary destruction. The phenomenon is always more marked upon the side which is the more diseased. M. Labbé's researches have not led him to agree with these views *in toto*. He believes that myoedema ought to attract attention to the chest and lungs—he states that this sign was the first that drew his attention to the lungs in many cases, but that in many others the sign was coincident with advanced lesions.

He concludes that it is not the exclusive appanage of pulmonary tuberculosis, nor still less of tubercular softening, having been observed in pleurisy, pneumonia, and enteric fever; and that, without being a decisive sign, it ought to be admonitory and may be confirmatory.

#### POISONING BY ACONITE.

Dr. E. T. Reichert (*Philadelphia Medical Times*, November 19th, 1881) gives an analysis of the treatment of forty-one cases of aconite poisoning. Evacuation of the stomach, the administration of large doses of stimulants, and the use of external stimuli, was the system of treatment pursued in the majority of cases. Opium and its preparations were used in four cases, all of which terminated favourably. In one case, five and a half drachms of laudanum were administered in four hours without causing narcotism. Digitalis was administered in two cases, in connection with other stimulants. One died, and one recovered. The latter, who had taken an ounce of Fleming's tincture of aconite, received three hypodermic injections, each of twenty minims of tincture of digitalis, within an hour. Amylnitrite was used with very marked results in one case, and certainly deserves an extended trial in poisoning by aconite as it is a marked cardiac stimulant. Tincture of nux vomica was used in one case, with marked benefit to the heart and respiration.—*British Medical Journal*.

**FAT IN THE URINE.**—Rassman (*Allgemeine Medicinische Central Zeitung*, August 3rd, 1881), claims that fat is found in the urine in three classes of affections:—First. True chyluria, parasitic, and non-parasitic. In these cases the urine generally contains albumen also, and not infrequently fibrin. Second. Fatty degeneration at some point of the urinary apparatus. To this class belong all those cases where the pus of an old abscess finds its way into the urinary passages. Third. Constitutional affections, associated with marked cachexia or systemic intoxication, as phthisis, cancer, long-continued suppuration, pyæmia yellow fever, phosphorus or carbonic oxide gas poisoning, chronic poisoning by turpentine, and severe injuries of the bones. In these cases the blood contains an abnormal amount of fat, which passes off by the kidneys. As a proof of the correctness of this theory, Rassman cites a series of experiments on dogs, cats, rabbits, and frogs. After injections of oily emulsions into the blood or peritoneal cavity, fat was demonstrable in the urine on microscopic examination. At the same time the animals became somnolent, the blood-pressure temporarily sank, and the pulse became less frequent. When fat was injected in large quantities, death ensued in a short time, the heart becoming arrested in the state of diastole. Similar results were obtained after injections of emulsified oleic acid and oleate of soda in one to ten per cent. solutions. Rassman agrees with Olshausen, in believing that these phenomena furnish an explanation of the retardation of the pulse during the first few days following childbirth; in other words, this retardation is due to fatty degeneration of the uterus and abundant absorption of fat into the blood.—*Chicago Medical Review*.

**PRIOR ON THE TREATMENT OF DIABETES INSIPIDUS.**—Dr. Prior, in the *Lancet*, October, 1881, p. 662, reports a case of this disease in which large doses of valerianate of zinc (ten to twelve grains three times a day), given in combination with tincture of valerian in two-drachm doses was, after two months' perseverance, followed by a perfect cure.—*London Medical Record*.

#### TREATMENT OF TONSILLITIS AND HYPERTROPHY OF THE TONSILS BY BICARBONATE OF SODA.

—Dr. Armangué reports in *Revue de Thérapeutique* seven cases of tonsillitis cured in less than twenty-four hours by the bicarbonate of soda. This method of treatment was introduced by Dr. Giné, Professor of Clinical Surgery, who employed bicarbonate of soda locally either by insufflation, or directly applied by the finger of the patient. The applications should be frequently repeated until the disease disappears. Dr. Giné relates dozens of cases in which a cure was accomplished in less than twenty-four hours, and has never seen this method fail to produce a good effect. The alleviation is almost always immediate, and is never long delayed. Its efficacy is especially marked in the prodromic period of tonsillitis, when it will invariably abort the disease. According to Dr. Giné, bicarbonate of soda does not diminish the predisposition to anginas, but only arrests their development. Excision of the tonsils is a useless operation in cases of hypertrophy of the tonsils, since the hypertrophy can be rapidly removed by frequent application of the salt of soda.—*L'Union Méd. du Canada*, Dec., 1881.—*Medical News*.

#### WILLIAMS ON TANNIN IN DIPHTHERIA.

Dr. A. Wynn Williams, in the *British Medical Journal*, October, 1881, p. 654, claims for the local application of tannin all the value that he maintained this drug possessed in 1867, when, before the Obstetrical Society, Dr. Williams read a paper on the treatment of diphtheria. The deposit, characteristic of the disease, is almost instantaneously removed by the free application of a solution of tannic acid, two drachms; rectified spirits of wine, two drachms; and of water, six drachms.—*London Medical Record*.

**ETHER HYPODERMICALLY IN ADYNAMIC PNEUMONIA.**—Dr. Barth, of LaPitié Hospital, Paris, recommends the hypodermic use of ether in all adynamic cases of pneumonia, typhoid fever, puerperal fever, &c. He injects 2 grammes (3ss) *per diem*. Of 14 cases of adynamic pneumonia under his care, 11 recovered.

#### KLEUDGEN ON ALBUMINURIA IN EPILEPSY.

—The author's conclusions are these. There are traces of albumen in all urine which presents a certain degree of concentration (an increased specific gravity). Slight increases in the quantity of albumen may occur periodically without a corresponding rise in the specific gravity, and without the existence of renal disease. The urine secreted after an epileptic attack does not present any peculiarity, either in reaction or in specific gravity. It is very rare that an attack of epilepsy determines an augmentation of the quantity of albumen in the urine; when this occurs it is only very slight; moreover, in males it is generally due to the presence of semen in the urine. Renal casts are not found in the urine of epileptics unless kidney-disease be present.—*London Medical Record*.

#### FILATOFF ON THE ETIOLOGY AND DIAGNOSIS OF ACUTE PERITONITIS OF CHILDREN.

—The diagnosis of acute peritonitis offers no difficulty, so characteristic are the symptoms; but the explanation of a cause is not always so easy, and in many cases is quite unknown, or included in the vague term rheumatic. Dr. Filatoff, after pointing this out, proceeds to recount a case in which all the marked symptoms of the disease were present, and which he considered was due primarily to a straining of the abdominal muscles by excessive gymnastic exercise, followed by improper diet. He refers to another case, in which the symptoms of acute peritonitis were closely simulated by an affection of the recti abdominis, also brought on by excessive gymnastics.—*London Medical Record*.

#### ATKINSON ON NITRITE OF AMYL AND NITROGLYCERINE IN THE TREATMENT OF TOOTHACHE.

—Dr. Atkinson finds (*Practitioner*, October, 1881, p. 263) that cotton-wool, steeped in a one per cent. solution of nitro-glycerine, applied to a decayed tooth, will give instant relief; if, so soon as the pain has ceased, laudanum be applied by means of fresh cotton-wool, the pain may be kept off regularly for four hours or more at a time.—*London Medical Record*.

**CHLORAL POISONING.**—Dr Cameron reported at Montreal Medico-Chirurgical Society a case of a lady who took one hundred and sixty grains of chloral hydrate at a single dose, for suicidal purpose. When seen three hours after, the pulse was eighteen, the pupils contracted, features pale. Believing that the chief indication was to support the failing heart, chloric æther, *Mxxx.*, was injected subcutaneously every half hour for four doses, with marked improvement of the pulse and general symptoms. Emetics were employed, but very little came up in the vomiting. The patient made a good recovery. Dr. Proudfoot mentioned that in Boston, when chloral first came into use, he gave sixty grains an hour, for six hours, to a man with delirium tremens. No dangerous symptoms followed; so far as he knew, the drug was good, having been imported from Germany.—*Medical News.*

**SOREL ON TREATMENT OF OEDEMA OF THE GLOTTIS BY PILOCARPINE.**—M. Sorel, who is a military Surgeon at Sétif, Algeria, sent to the Societe de Therapeutique in Paris (*Jour. de Méd. de Paris*), a case of œdema of the glottis consecutive on typhoid fever, and cured by pilocarpine. A previous application of fifteen leeches had not given any relief. Ipecacuanha had no effect whatever, and subcutaneous injections of morphia had only given temporary relief. Almost in despair, M. Sorel tried an injection of a centigramme of nitrate of pilocarpine. A slight perspiration appeared, and the troublesome symptoms were removed. On the same evening a fresh injection of a centigramme was made, and on the next day two centigrammes. The patient soon recovered his strength, and became convalescent.

**KIDNEY TUMOURS.**—At the Pathological Society of London, in November, Mr. Eve showed a striped muscle tumour of the kidney. This is said to be the sixth on record, but the enumeration does not appear to include one of Osler's, of Montreal.

At the same meeting Dr. Dawson Williams showed a tumour, which he had removed from a child 13 months old, occupying the place of the right kidney. It weighed 1 lb. 13½ oz., or nearly ⅓th of the total body weight. On examination, it, too, was proved to contain striated muscular fibres.

## Surgery.

### SELECTIONS FROM CLINICAL LECTURES, DELIVERED AT THE LONDON HOSPITAL

BY JONATHAN HUTCHINSON, F.R.C.S.

#### THE PRE-CANCEROUS STAGE OF CANCER, AND THE IMPORTANCE OF EARLY OPERATIONS.

GENTLEMEN,—The patient who has just left the theatre is the subject of cancer of the tongue in an advanced stage. As I demonstrated to you, the lymphatic glands are already enlarged. It is hopeless to think of an operation, and there is nothing before him but death, preceded and produced by a few months of great and continuous suffering. His case, I am sorry to say, is but an example, of what is very common. Not a month passes but a case of cancer of the tongue presents itself in this condition. The cases which come whilst the disease is still restricted to the tongue itself are comparatively few; nor does this remark apply only to the tongue. "Too late! Too late!" is the sentence written but too legibly on three-fourths of the cases of external cancer concerning which the operating surgeon is consulted. It is a most lamentable pity that it should be so; and the bitterest reflection of all is, that usually a considerable part of the precious time which has been wasted has been passed under professional observation and illusory treatment. In the present instance, the poor fellow has been three months in a large hospital, and a month under private care. I feel free, gentlemen, to speak openly on this matter, because my conscience is clear that I have never failed when opportunity offered, both here and elsewhere, to enforce the doctrine of the local origin of most forms of external or surgical cancer, and the paramount importance of early operation. I have tried every form of phraseology that I could devise, as likely to impress this lesson. Nearly twenty years ago, I spoke to your predecessors in this theatre concerning the "successful cultivation of cancer;" telling them how, if they wished their patients to die miserably of this disease, they could easily bring it about. The sugges-

tion was, that all suspicious sores should be considered to be syphilitic, and treated internally by iodide of potassium, and locally by caustics, until the diagnosis became clear. More recently, I have often explained and enforced the doctrine of a pre-cancerous stage of cancer, in the hope that, by its aid, a better comprehension of the importance of adequate and early treatment might be obtained. According to this doctrine, in most cases of cancer of the penis, lip, tongue, skin, etc., there is a stage—often a long one—during which a condition of chronic inflammation only is present, and upon this the cancerous process becomes engrafted. I feel quite sure that the fact is so. Phimosis and the consequent balanitis lead to cancer of the penis; the soot-wart becomes cancer of the scrotum; the pipe-sore passes into cancer of the lip; and the syphilitic leucoma of the tongue, which has existed in a quiet state for years, at length, in more advanced life, takes on cancerous growth. The frequency with which old syphilitic sores become cancerous is very remarkable; on the tongue, in particular, cancer is almost always preceded by syphilis, and hence one of the commonest causes of error in diagnosis and procrastination in treatment. The surgeon diagnoses syphilis, the patient admits the charge, and iodide of potassium seems to do good; and thus months are allowed to slip by in a state of fools' paradise. The diagnosis, which was right at first, becomes in the end a fatal blunder, for the disease which was its subject has changed its nature. I repeat that it is not possible to exaggerate the clinical and social importance of this doctrine. A general acceptance of the belief that cancer usually has a pre-cancerous stage, and that this stage is the one in which operations ought to be performed, would save many hundreds of lives every year. It would lead to the excision of all portions of epithelial or epidermic structure which have passed into a suspicious condition. Instead of looking on whilst the fire smouldered, and waiting till it blazed up, we should stamp it out on the first suspicion. What is a man the worse if you have cut away a warty sore on his lip, and, when you come to put sections under the microscope, you find no

nested cells? If you have removed a painful, hard based ulcer of the tongue, and with it perhaps an eighth part of the organ; and, when all is done, and the sore healed, a zealous pathological friend demonstrates to you that the ulcer is not cancerous, need your conscience be troubled? You have operated in the pre-cancerous stage, and you have probably effected a permanent cure of what would soon have become an incurable disease. I do not wish to offer any apology for carelessness, but I have not in this matter any fear of it.

#### PROMPT AMPUTATION IN TRAUMATIC GANGRENE: IMPORTANCE OF AMPUTATION HIGH UP.

In cases of traumatic gangrene, ought amputation to be performed without waiting for a line of demarcation to be formed? I believe that the reply of most surgeons to this question will be an unhesitating affirmative. Such certainly would be my own. We have recently had a very instructive case. A man aged more than 50, but of good constitution, was admitted with a compound fracture of the lower third of the leg. We tried to save it, and the limb was put up in antiseptic dressings. The foot, however, became gangrenous, and, about the sixth day after admission, Mr. Tay amputated the limb below the knee, the man being at the time very ill. The amputation was done through perfectly sound parts, but it was presently followed by gangrene of the stump. The flaps became livid, and the man was in a most urgent condition. Mr. Tay and myself, in consultation, determined at once to perform a second amputation; and, within twenty-four hours of the first, this was done in the lower third of the thigh. The man did well, and the stump on the second occasion has made, as you saw the other day, a very good one. The main reason for prompt amputation in such cases is, that the gangrenous process is a very dangerous one. Whilst soft parts are dying, and the circulation still going on to some extent through them, the blood becomes poisoned by the absorption of gases and fluids from the putrescent parts, and a most dangerous condition of septicæmia results. Of this state, a rapid pulse, a sunken countenance, high temperature,

and vomiting, are the most constant signs. It is remarkable how quickly they are sometimes relieved by the removal of the dying part. It may be that the process of mortification is also attended by shock to the nervous system, but I suspect that the chief part of the mischief is done through the blood. In the pyæmia which results from phlebitis, it is of no use to amputate after once the poisonous emboli have been shed from the inflamed vein into the blood. It is then too late, for the secondary abscesses will form, whether you remove the original focus or not. In the septicæmia from gangrene, however, the case is different. Here it seems to be easily possible for the blood to rid itself of the contamination. I well remember the case of a young soldier who was under treatment some years ago for a damaged foot, the consequence of a Canadian frost-bite. He had also obliteration of his femoral artery. My junior colleague at the time amputated through the tarsus. The stump never healed, and, some time later, I amputated in the upper third of the leg at a great distance from the disease, for the whole of his leg looked at the time as healthy as yours or mine. I went high up, because I knew that the femoral artery was occluded. The result, however, was, that the stump passed into gangrene, and very soon we had all the symptoms of the most severe form of that malady. The patient had frequent vomiting, a very rapid pulse, and was indeed in such a critical state when on the third day I decided to amputate again, that I did not dare to have him taken from his bed. The second amputation, performed high up in the thigh, saved his life. No ill symptoms occurred after it, and the stump healed well. I am inclined to believe that the usefulness of amputation in gangrene will become more widely appreciated, and that this measure will be resorted to, not exclusively in traumatic gangrene, but in all forms which are attended by serious constitutional symptoms. If a part be simply passing quietly into a mummified condition, and the patient's health not suffering, then there is no reason for interfering until you see where nature is going to make the separation. There is, indeed, no reason for interfering at all, for you must let nature

finish the work. If you amputate near to the line of demarcation, your stump is almost certain to slough, and all that you must dare do in the way of help in such cases is just to saw through the bones when they are laid bare. The explanation of disappointment in amputating for gangrene, whether traumatic or otherwise, is, I feel sure, almost always from amputating too near to the disease. In all such cases, we ought always to go high up. If the foot be concerned, go above the knee; if the upper extremity, near to the shoulder. You must think rather of the patient's life than of the length of his stump. Adopting this rule, I have of late years more than once amputated for severe forms of senile gangrene with very excellent results.

#### CAN A MAN HAVE SYPHILIS TWICE?

The man whom we have just seen offers a remarkable example of the occurrence of a second chancre soon after the first. His second sore has been, as I have repeatedly demonstrated, characteristically indurated. He is quite candid, and makes no doubt that this sore was the result of contagion. Yet it is barely a year since he had his first chancre, and this was followed by an eruption, of which he had scarcely got clear when this second sore occurred. The case is proof that a man may have an indurated sore on the penis within a year of a former one, but it is not proof that he may have syphilis twice, for this patient has not as yet had any constitutional symptoms as the result of the last chancre. If, however, you ask me for an answer to the general question, Can a man have true complete syphilis twice? then I must reply clearly that he can. Such cases are rare—as rare, perhaps, as examples of second attacks of small-pox—but they do occur. I am at present attending a gentleman who has a terrible phagedenic chancre and rupial eruption, and who unquestionably had complete syphilis, chancre, sore-throat, and rash, seven years ago. I have also a second case under care, very much milder, but illustrating exactly the same fact, with almost precisely similar dates. Second chancres are, however, far more common than second attacks of constitutional syphilis. Many

of them are the result of fresh contagion, but seem to have no power to produce constitutional symptoms; but others are not from contagion at all, but form in connection with a taint still remaining from the first attack. It is a most important fact that indurations may form in the penis in every respect like Hunterian chancres, not distinguishable in any way, and yet that they may be merely recurred sores, and the products of constitutional taint. I have seen this over and over again; and M. Alfred Fournier, of the St. Louis Hospital, has written a very instructive paper on this form of sore. In the case of our patient, it is obviously impossible to say, after the statement which I have just made, whether or not his present sore is the result of fresh contagion. It may be simply a relapse, or it may be a gumma. He, however, confesses to exposure; and, as the sore followed in due course, it is probably true that he was afresh inoculated. Second attacks of syphilis are sometimes, as in the case just mentioned, very severe. The same has, I believe, been occasionally noted in recurred attacks of variola. As a rule, however, they are mild, or even abortive. Third attacks may even occur; and so may, as we are told, third attacks of small-pox. We must explain such facts, I expect, by reference to individual peculiarity and idiosyncrasy, but it is important that they should be known. The belief that syphilis can occur but once in a lifetime is very widely spread amongst a certain class of the public. I have watched with amusement the change in expression in many a young gentleman's face when he got my reply to his smiling suggestion—"A man cannot, I suppose, have the disease a second time?"

#### CHRONIC SYNOVITIS, ARTHRITIS, OR STRUMA: IMPORTANCE OF THE DIAGNOSIS.

We have had lately a great many cases of synovitis of the knee-joint. I think you will have observed that, roughly, we may divide all the cases of chronic synovitis into two groups, those which are connected with struma, and those which are of an arthritic nature, in the conventional sense of that term. This division is of considerable practical value. Under the arthritic head, I comprise all that are associ-

ated with gout, rheumatism, or rheumatic gout, and all gonorrhoeal rheumatism; and of all these, we may say that we expect them to get well. Sometimes there is stiffening, sometimes effusion is very long in disappearing; but still, in nearly all cases, in the end the patient again walks on the limb. It is very different with the strumous group. Here the tendency is to pulpy thickening of the synovial membrane, and to incurable conditions. It may be that destructive changes are warded off by long rest, but the patient is disabled, and the limb useless. We have half a dozen of this kind of knee now in our hands, not bad enough for amputation or excision, but still so bad as to prevent walking. In these cases, we are obliged to forbid walking, whereas in most of the arthritic cases, unless exercise causes pain, it may be permitted with impunity. A considerable variety of conditions is presented in this group, and especially is the arthritic process modified by the age of the patient. The older the patient, the more chronic and the less painful is rheumatism. You know that I am in the habit of insisting upon the importance of the patient's diathesis, even in cases of synovitis which is called traumatic. We admit a great many cases in which free synovial effusion has followed a sprain or contusion. In these cases, if the effusion lasts long, or if it is in excess of what its supposed cause will account for, you must suspect the arthritic diathesis. The patient is rheumatic or gouty. We have had numberless illustrations of this. Sometimes it is difficult to get at the exact facts. In the case of a man who has just left us, the synovitis persisted in spite of treatment, and relapsed after an apparent cure. It appeared likely that the case might end as hydrods articuli. I had repeatedly taxed the man with being gouty, but we could get but little evidence. Last week, his employer called on me; I then learned that the man had been for thirty years employed as a bottler in wine vaults, and that his habits of free wine drinking had often nearly cost him his place. I was told that no objection was made to a bottler drinking as much wine as was good for him, and that complaint only resulted when so much was taken as to interfere with his

efficiency as a workman. It is not easy to imagine a position more likely to produce a gouty state of system. We have since let this patient leave the hospital, supplied with a knee-cap. He still has some fluid in the joint, but he can walk without any pain. Exercise which would of course be most injurious if the disease were strumous, will not hurt him.—*British Medical Journal*.

#### THE RISKS OF INTRA-PLEURAL INJECTIONS.

A few years ago we heard far more frequently of fatal accidents occurring during the operation of washing out an empyema than we have of late; but we are reminded of these risks in a note from Professor Billroth's clinic in the *Allgemeine Wiener Med. Zeitung* for Dec. 20th. The writer says that Professor Billroth has become convinced of the inutility of injections for the purpose of washing out the empyemic cavity, except in the case of blood-clots and decomposing secretion; and in the latter case it suffices to perform a single but thorough injection. Thus in one case of a shot-wound in the left thorax, leading to purid empyema, Professor Billroth made a counter-opening, and for four days allowed thymol to flow through. In ordinary empyema the chances are favorable when the operation is done at the right time, for the longer pus remains in the thorax the longer the lung keeps atelectatic, and thus does not approach the wall of the thorax. A rib is resected, a drainage tube introduced, and pus allowed free escape—a method of treatment much like that practised by Hippocrates, who bored through the rib and introduced a short smooth metal tube into the opening. To diminish pus formation a rod of iodoform can be placed in the pus cavity. Injections of cold disinfecting fluids often lead to ill consequences. Professor Billroth relates one—a female, twenty years old, with empyema, who was treated by means of injections. One day, when a cure was nearly accomplished, she became unconscious during the injection, and could not be restored. Dr. Wölfler also had an older patient who became unconscious during the injection, but who recovered. Billroth explains these

remarkable phenomena, that a shock is received by the organism, excited through the peripheral nerves by means of cold water, and under ever so slight conditions, it may be the cause of death; just as a mere blow on the testicle or stomach region can be fatal. Therefore it is important to employ injections, when they appear necessary, of warm fluid.—*London Lancet*.

#### THE RAPIDITY OF ABSORPTION FROM WOUNDS.

—Some observations on the rapidity of absorption from wounds have been communicated by M. Davaine to the Académie des Sciences. The question is one of great practical importance, since a virus so often enters the system by this means. That absorption from a subcutaneous wound is extremely rapid has been demonstrated, the *Gazette Médicale* reminds us, by the experiments of Renault on the poison of glanders, and by those of Colin on that of anthrax. A few minutes were found to be sufficient, so that cauterization was useless if it was performed more than ten or fifteen minutes after the inoculation. The investigation of Davaine related to the important question whether absorption is equally rapid from the surface of all wounds, and he concludes that it is not. Having placed material from a case of anthrax on the surface of wounds produced in rabbits by vesicants, friction with rough surfaces, or the removal of a small piece of skin, he found that many animals survived when the wound was cauterized with potassa fusa one, two, or three hours afterwards. He suggests an anatomical explanation of the difference in the experimental results. In a sub-epidermic wound a number of small vessels are divided and the circulation is maintained by the collateral branches which are given off immediately below the divided vessel, and by this the poison, which has penetrated into the interior of a divided vessel, is carried into the general circulation. The same effect is not produced in a more extensive wound, probably because most of the vascular trunks are divided. Whatever be the explanation, it is clear that punctured wounds are by far the most dangerous, and that cauterization to be effective should be very prompt.—*London Lancet*.

## TREATMENT OF BOILS.

Dr. Lowenberg finds incisions and boracic acid solution the most effective treatment of boils. Holding that they are produced by a microphytic parasite, he rejects the usual emollient treatment. He commences by incising them, after the application of ether spray, and then foment with a saturated aqueous or alcoholic solution of boracic acid. When the boils are recent, and the patients refuse the permission to incise them, he finds that simple fomentations with boracic acid solution arrests the development of the inflammatory process.

It may be added that certain internal remedies possess a high degree of value in a succession of boils, notably the pyrophosphate of soda, and the hypophosphites. The relation of a succession of boils to a saccharine condition of the urine should not be overlooked. This is an unknown cause sometimes of their persistence in spite of all the usual remedies.—*Medical News.*

SWAIN ON THE APPLICATION OF THE POROPLASTIC JACKET IN SPINAL CURVATURE.—This pamphlet contains a useful account of the method of applying Cocking's poroplastic jackets. It informs us that "his" (Mr. Cocking's) "attention was drawn to Prof. Sayre's plaster-of-Paris jackets, and he conceived the idea that his poroplastic felt might be used for the purpose of forming spinal supports, having this great advantage over the plaster-of-Paris jacket, viz., that of being easily removed from the patient, and re-applied." [As a matter of fact, the plaster-of-Paris can be removed and re-applied quite as often as is good for the patient, and with perfect ease, provided only that use be made of the system of triple-lacing, long ago introduced by the reporter into Mr. Marsh's out-patient department at St. Bartholomew's Hospital.—*Rep.*] Further on, the author tells us that "herein is the special advantage of this method of spinal support, that its use does not preclude the further use of other curative methods. I allude especially to extension by suspension and gymnastic exercises." [This is an assump-

tion which has been made by other surgeons besides Mr. Swain, but which can only be based on defective knowledge of what is consistent with Sayre's plaster-of-Paris jacket. The plaster jacket can easily be removed, and both suspension and gymnastic exercises can be freely used without removing it at all.—*Rep.* By far the greater part of Mr. Swain's pamphlet consists of practical directions and warnings regarding the use of the poroplastic apparatus. Measurements are to be taken at the axilla, the waist, the pelvis, and from the axilla to the great trochanter, as well as accurate notes of the position of the curve, especially if angular, and of such bony processes as the anterior superior spine of the ilium. The upper and lower borders and the area over the breasts, are to be left soft. The patient is prepared much as for the application of the plaster corset, but with two jerseys, and without cotton-wool pads. Instead of a collar for suspension, a broad piece of soft felt is used beneath the chin, with a felt strap and a buckle passed round the back of the head. "Care should be taken not to double up the ears under the strap, and I find that a little cotton-wool here and there adds to the comfort." When a jury-mast is used, care must be taken "that the iron rod of the jury-mast does not take a too prominent anterior curve just above the jacket. If this be the case it will press on the occiput, and very soon cause a troublesome sore." In the absence of a proper steam-bath, the kitchen oven, with a crock of boiling water in it, may be used to soften the jacket. If the oven be used, a little water should also be sprinkled over the jacket. The temperature should be about 170 degrees to 180 degrees. "Although the felt very soon becomes soft, it does not become thoroughly plastic for some little time." Two persons are required to fit the jacket well. "The surgeon should take charge of the back." "The middle buckle, which will be generally found to tighten the jacket round the waist, is the first and most important one to secure." "The pelvic buckles should be the next closed, and, lastly, the thoracic ones." "During all this time the surgeon is moulding the jacket to the form posteriorly." The author has



"found, after some practice, that the best way to accomplish this is to encircle the patient with an arm, placing one hand in front as an opposing force, whilst with the other hand you knead the material into the figure, using principally the ball of the thumb." "I have found that a slight knock on the jacket with the knuckles tells me if it is 'well home.'" "To insure a perfect fit at the waist, the assistant encircles the jacket at that point with a strap of soft felt, by which he is able forcibly to squeeze it into the figure." The patient must be kept perfectly still for half an hour after the application, in order to let the jacket become quite firm. The after-treatment is of great importance. This involves frequent removal of the jacket for exercise. It should always be re-applied during suspension. Daily suspension is used. For some time, the jacket is worn night and day. From time to time the jacket should be re-moulded.—*London Medical Record*.

MORTON ON CLUB-FOOT.—At a meeting of the Philadelphia Academy of Surgery (*Phila. Med. Times*, June 29, 1881), Dr. Morton exhibited some cases of club-foot treated, from soon after birth, by manipulation and "the wearing of proper shoes," without tenotomy. The results were good. In cases seen in infancy he attempted, and was usually able, to cure the talipes without tenotomy, except in some instances of talipes equinus. When he was obliged to divide the tendo Achillis, he did not do it until the child began to walk. In the discussion which followed, Dr. S. W. Gross thought the ordinary method of operating useless, and the usual method of applying the shoe, a barbarity; still he believed that division of the tendo Achillis was preferable, because it hastened cure. The varus should be overcome by manipulation first, and the heel then brought down. After manipulation had been begun, the foot may be kept in place by adhesive plaster carried around the foot and up the leg. Dr. D. Hayes Agnew considered no operation wise at an earlier age than one year, but in the meantime it was well to correct deformity and develop the paralysed muscles by manipulation.—*London Medical Record*.

A MODIFICATION OF LISTER'S ANTISEPTIC DRESSING.—In the *New York Medical Journal and Obstetrical Review* for December, 1881, Dr. James L. Little, Professor of Clinical Surgery in the University of the City of New York, says, that he has for the past six years, been using the following antiseptic dressing:—Having put the parts in a condition for dressing, he washes the wound in a solution of carbolic acid of the strength of one to twenty; he then covers the parts with a thick layer of borated cotton, and then snugly and evenly applies a simple gauze bandage. At first he used bandages made of antiseptic gauze, but for the past three years has used those of plain uncarbolicized cheese cloth. These thin bandages distribute the pressure more evenly over the cotton, and are more easily saturated with fluids than those made of unbleached muslin. The patient is instructed to keep the outside of the dressing wet with a solution of carbolic acid, which is of the strength of one to one hundred. The author employs Squibb's solution of pure carbolic acid, which is of the strength of one to fifty, and which, when mixed with an equal bulk of water, gives a solution of the desired strength. The parts should be at rest, and the dressings may be left undisturbed for several days, unless there is pain, rise of temperature, or discharge through the dressings. These conditions are always to be considered indications for renewing the dressings. To ensure success in cases where the dressing is used, full precautions as to rendering the instruments, sponges, and the hands of the surgeon aseptic, and the use of drainage-tubes if necessary, should not be neglected. Catgut or torsion should be used to arrest hæmorrhage. The spray may be resorted to, if thought necessary. At the second dressing the author now usually applies carbolicized oil, of the strength of one to twelve, to the wound to facilitate the removal of the cotton, which is otherwise apt to adhere after the first dressing.—*Michigan Medical News*.

A NEW COMPLICATION OF LITHOTOMY.—During a recent clinical lecture, Dr. Agnew (*Medical News*, January 7th, 1881), who was about to perform lithotomy, called attention to a

temporary condition which necessitated delay. Etherization was complete, but the respiratory movements were hurried and excessive; the sphincters of the anus were entirely relaxed, and the anal aperture was patulous, an inch and a half or two inches in diameter, and moving in sympathy with the expansion and contraction of the thorax. In this manner it seemed to act as a valve, admitting air to the rectum, but not favouring its expulsion, so that for several minutes the lower bowel was in a state of distention. There would have been great danger of wounding it had the operation been proceeded with under these circumstances. In a short time as deeper anæsthesia was produced, the anus resumed its normal appearance, and the rectal dilatation disappeared. So far this possible complication of lithotomy has not been alluded to hitherto. — *Chicago Medical Review*.

ILLINGWORTH ON MANIPULATION IN REDUCTION OF DISLOCATED HUMERUS.—Mr. Illingworth, in the *British Medical Journal*, October, 1881, p. 626, reports two cases in which dislocation of the humerus into the axilla was readily reduced by the following method. "The arm being abducted and extended with slight force by an assistant, I firmly grasped the scapula with the right hand over the acromion, and depressed it in such a manner as to make the lower edge of the glenoid cavity slide over the rounded head of the humerus, whilst with the fingers of the left hand I exerted gentle pressure upwards on the shaft of the humerus, just below the head. Reduction was in each case immediate." — *London Medical Record*.

FIDDLE-STRING AS A BOUGIE.—Dr. F. E. Daniel, of Jackson, Miss., failing in a case of very tight stricture to get in the smallest ordinary bougie, used in the emergency a small *fiddle-string*. This passed readily. Being withdrawn in a few minutes, it was found to have swollen to nearly twice its previous size. A larger one was then passed and allowed to remain fifteen minutes; this being then withdrawn, the urethra was sufficiently dilated to get in a No. 4, then a

No. 6 bougie, and finally a flexible Nelaton's catheter, threaded on a fiddle-string. A second case was equally satisfactory. Dr. D. claims for the fiddle-string (catgut) cheapness, simplicity, availability, harmlessness, strength, and rapid expansion. — *Maryland Medical Journal*, Dec., 1, 1881. — *Medical News*.

## Midwifery.

### CLINICAL LECTURE ON URETHRAL CARUNCLE.

Delivered at the Hospital of the University of Pennsylvania, June 8, 1881.

BY WILLIAM GOODELL, M.D.  
Professor of Clinical Gynecology.

Reported by Guy Hinsdale, M.D.

Gentlemen,—This patient, a woman forty years of age, complains of great pain when passing her water. For several months her urine has scalded her; but the pain is constantly growing worse, and is now almost unbearable. It is most intense as the last few drops come away. Inasmuch as most of the lesions of the reproductive apparatus—such as vaginitis, uterine displacements, etc.—give rise to vesical disturbance, and since the symptoms are not always typical, a urethral caruncle is very likely to be overlooked by the physician. Reflex symptoms, uterine in their expression, lead him astray, while a very natural delicacy prevents him from making the needful visual inspection of the parts. Indeed, you cannot say in these cases, "I will look at the parts and see what is the matter." Woman's modest nature—we would not have it otherwise—instinctively resents such an examination, and, if brusquely proposed, it will almost always be denied. What, then, can you do? You can do it without consulting her. You can ask for a vaginal examination,—to which most women will submit,—and while you are exploring the uterus with the index finger you may with the thumb press upon the meatus, and notice whether the contact elicits pain; then, as you introduce or as you remove the speculum, with your eye glance at the urethra. It has always been my experience that whenever you can confidently say to your patient, "I have dis-

covered the cause of your trouble; here it is,"—and then by pressing upon the caruncle convince her that your statement is correct,—she will not refuse any future needful exposure of her person. I make it an inflexible rule, when a woman complains of pain in passing her water, to feel for a caruncle. You must not forget in all these cases to go through with the formality of covering the patient with a sheet; for just as you gild and sugar-coat what is bitter to the taste, so you must gild and sugar coat what is bitter to the mind.

As I separate her thighs and expose the meatus urinarius, those of you who are near can see at the upper margin of the meatus a small crimson and wart-like body. It is a vascular excrescence of the urethra, and looks like a small Antwerp raspberry. Notice its vascularity: it bleeds on the slightest touch. Observe how sensitive it is: although profoundly etherized, the woman winces and draws up her limbs. So exquisitely alert are the little nervelets distributed over its surface that were she not under the influence of ether she would writhe with pain under even the gentlest touch. The vulva and outlying organs of a woman are, as you have often observed in this amphitheatre, the last to yield to the influence of the anæsthetic. Sensation here is so acute that it will remain long after other peripheral nerves have become benumbed.

This little growth seems insignificant, but it has given this woman an immense amount of suffering. Not only does she have pain during micturition, but even in walking she is compelled to straddle her legs to avoid irritation. Some of the more aggravated cases that have come to my notice have presented a train of symptoms that could hardly be supposed to be directly caused by such a little growth. There may be constant heat and throbbing of the external organs of generation, with more or less of leucorrhœa, and the linen may be often stained with blood, and the urine streaked with it. Cohabitation becomes painful, producing the condition known as dyspareunia. It is at the first entrance of the male organ that there is the most pain. This is so intolerable that many women will not permit their husbands to approach them. This is, of

course, a source of domestic unhappiness. By brooding over their sufferings and their incomplete conjugal relations the mind becomes morbid, and in some cases women have been driven to insanity or even suicide.

These torturing growths are more common to the married than to the single, and occur usually in women who have passed the prime of life. I am inclined to think that they owe their existence to the congestion of the urethral plexus of veins, such, for instance, as is induced by the pressure of the gravid or displaced womb, or by that of an over-distended bladder or of a loaded rectum. In fact, pretty much the same causes are at work which tend to produce piles. They consist of hypertrophied papillæ covered with a layer of tessellated epithelium, and are largely supplied with nerves and blood-vessels.

Now comes the final question. What can we do to effect a cure? When there is a distinct pedicle, one snip of the scissors is all that is needed; but when, as in this case, they are attached by a broad base, difficulties arise which demand ether and assistance. The patient lies back, her knees being supported by these gentlemen, who also place their fingers on each side of the meatus and stretch it open. Catching the caruncle with a tenaculum, I raise it up and dissect it out, taking with it some of the sound flesh. The wound bleeds freely. In order to check the hemorrhage, and to insure the complete destruction of the growth, we shall now cauterize it. I shall cauterize it as you would have to do in the country, and I shall not, therefore, employ on this occasion the Paquelin thermo-cautery, which, although it is by far the best and most convenient instrument for the purpose, is so expensive that few of you will be able to command it. You can therefore use the iron handle of a broken file heated to redness, as you now see me heat it, taking care, however, that your eyes are not exposed to any bright flame as the instrument is being heated, for the light may dazzle you, and a large black spot will follow and obscure your vision, no matter where you look. The pale flame of an alcohol lamp is, therefore, the best for the purpose.

Nitric acid is not so efficient a caustic as the hot iron. Formerly I always employed it,

searing the raw surface of the wound with the frayed end of a match dipped into the fuming acid. It does not, however, always stay the hemorrhage, which is sometimes quite free. I shall never forget a scrape I got into some time ago, while doing an operation of this kind. The patient was a very nice lady, but she was exceedingly reluctant to my having any other gentlemen present at the operation. Her sisters stoutly protested their ability to give the assistance that I said was needed, and begged me to rely upon them instead of calling in any outside aid. This I finally consented to do. Everything progressed nicely until I began to dissect out the growth, when, suddenly noticing one of the patient's legs beginning to grow unsteady, I looked up and caught sight of one of the sisters going off in a fainting-fit. I instantly turned upon her and shouted, "Stop that! If you faint, I'll stick a pin into you!" This brought her to her senses, and sent a flush of blood to her cheeks. By making a vigorous use of threats, and by constantly talking to her, I managed to keep her on her feet. Towards the end, however, she could not stand it any longer, and while I was applying the nitric acid she suddenly fell to the floor. In the confusion and excitement of the moment I unluckily upset the bottle of nitric acid over the handsome Brussels carpet. But this was not all. At my second visit, twelve hours afterwards, I found that the lady had lost and was still losing too much blood. I stanchd the bleeding point with ice and Monsel's salt, and put on a compress with a T bandage; but at my next visit, six hours later, I found her quite blanched from a recurrence of the hemorrhage. I now applied the solid stick of silver nitrate, but without avail; then I tried to nip the bleeding point with a *serrefine*, but the tenderness of the part was so great that she would not permit any further interference, nor would she again inhale an anæsthetic. For a moment I was at my wits' end to know what to do. The prospect of spending the day at her bedside with my finger pressing on the urethra, through the vagina, was not an agreeable one; but I finally succeeded by stuffing a sponge half-way into the vulvar opening. Its elasticity, and that of the per-

ineum, on which it rested, made the needful pressure on the bleeding surface.

The after-treatment will consist of the application, twice a week, of the undiluted commercial carbolic acid until the raw surface has skinned over. If you follow the plan of treatment that I have laid down you will rarely have to repeat the operation. Although I have often burnt these caruncles, there has never followed any contraction of the urethra: mucous membrane does not undergo the cicatricial contraction that skin does.

Gentlemen, once in a while, in treating a woman for another disease, you will come across a caruncle, and you may be tempted to remove it; but let well enough alone, and do not touch it, unless you know it to be of the painful kind. The suffering caused by them bears no relation whatever to their size, and, unless the symptoms are aggravated, it is best not to touch them.—*Philadelphia Medical Times*.

#### UTERINE DISPLACEMENTS.

Dr. Paul F. Mundé gives the following *résumé* of his valuable paper on the treatment of uterine displacements:—

1. Recent displacements of any variety are the only cases which offer a fair chance of complete recovery by any of the mechanical means at our disposal.

2. Of these means, pessaries are the most convenient for temporary relief, but only in a comparatively small number of cases does permanent cure result.

3. The best curative means of support of the displaced uterus is probably the systematic and intelligent use of vaginal tampons, impregnated with a mild astringent solution.

4. Posture, while excellent as a means of relaxing the uterine supports and relieving pelvic congestion, is by its inconvenience at best but a means of temporary relief.

5. Permanent relief, *cure*, can be expected and will be obtained only when the displacement is of recent origin, especially when it has been produced by some sudden shock; or when the complete tissue-metamorphosis accompanying puerperal involution aids in restoring to

the uterine supports and the uterus itself their original and healthy tone.

This fortunate occurrence must be looked upon as decidedly the exception, since the favoring circumstances above mentioned are but rarely met with or the displacement is seldom recognized at a sufficiently early date to permit of a perfect restoration to health.

6. The most favorable period, therefore, for the treatment of a uterine displacement or distortion with the view to a permanent cure is within one or two weeks after delivery, before the woman has left her bed.

7. The excitation of a certain amount of plastic exudation in the walls of a fixed uterus may, if kept within bounds, result in permanent straightening of the organ. This may be accomplished by rapid dilatation, or by the protracted wearing of stem-pessaries, but permanent success will at best be rare.

8. The protracted wearing of astringent vaginal tampons, introduced daily, offers for some cases of ante- and retro-displacement an excellent, and for most cases of procidentia, almost the only efficient and safe remedy for the displacement, far superior to all steadily-worn hard or soft pessaries. A procidentia of uterus or vagina may even be cured by several months of this treatment, if the affection be not of too long standing.

9. While permanent cure is only occasionally met with, so much relief is afforded by pessaries and the other mechanical supports and methods above discussed that they should in no case be discarded, unless all treatment be counter-indicated.

10. Electricity, if rationally and scientifically applied for a sufficiently long period, offers chances of cure of comparatively recent cases, which call for a more thorough and persistent trial of the method.

11. For prolapsus uteri et vaginæ, unless of quite recent origin (see tampons), an operative constriction of the vaginal canal and a restoration of the relaxed or destroyed perineum to its normal state is the only sure means of cure, and even for this affection the unfailing method remains still to be discovered.

12. The cure of a flexion by operative (bloody) treatment is impossible; the canal may be

made perfectly straight by a division of one or the other or both lips of the cervix, but the fixed shape of the organ still remains. Only by gradually increasing elevation of the fundus by a vaginal pessary (best Thomas' cup), after delivery, or by the protracted wearing of an intra-uterine stem, can in a small proportion of cases a permanent cure be effected.—*American Journal of Obstetrics*, Oct. 1881.

#### TRACHEOTOMY IN DIPHTHERIA— RECOVERY.

Dr. W. T. Lusk said that in the early part of last spring he was summoned to see a child, a patient of Dr. O'Neil's, who was said to have croup. He was unable to visit the patient until after the lapse of an hour. He then did so, taking the instruments necessary for the performance of tracheotomy with him. When he entered the house, Dr. O'Neil said to him, "It is too late; the child is gone." He went in and found a child eight years old lying on its mother's lap, completely cyanosed, with pupils widely dilated, in an unconscious state, and breathing at long intervals. It was evident that only one thing remained to be done under the circumstances, and that was tracheotomy. Dr. O'Neil expressed great doubt as to the operation affording any hope, adding that he had witnessed a number of operations, but that in every one the patient had died, and that, so far as he was concerned, he was opposed to torturing the child at this time. Dr. Lusk replied that when the child died it was not from the operation, but from extension of the disease; and that this child, being eight or nine years old, stood a chance of recovering. On questioning the doctor, he learned that the child had had diphtheria a week, but that the symptoms of croup and asphyxia had come on very suddenly that morning. It was decided to leave the question of tracheotomy to the mother, who had expressed herself very strongly against it before Dr. Lusk's arrival. On being assured by Dr. Lusk that he had known recovery to follow the operation, she consented to it, however. He took the child and went into another room, and as rapidly as possible opened the trachea and inserted the tube. The

child was so cyanosed, and the intervals between the respirations were so long, that he feared it would die during the operation; but as soon as the tube was introduced the child gave a strong expiration, and membranes, mucus, and blood spurted out full two feet from the opening. In a few moments the colour began to return to the face, and in three or four minutes the child put its hand up to its throat, showing that sensation was beginning to return, and opened its eyes; the pupils contracted again, and in ten minutes the cyanosis had disappeared and the child looked perfectly natural. The tube was allowed to remain in the throat five days; it was then removed, and the child made a perfect recovery. He narrated this case to give encouragement to many in this city who had a great repugnance to this operation. He had long since made up his mind not to allow a child to die from asphyxia in a case of diphtheritic croup. He asked Dr. Jacobi if the conditions in this case were not rendered favourable by the age of the child and by the asphyxia coming on suddenly, not slowly. Dr. Jacobi said the child was manifestly dying, and of suffocation, and that was indication enough for tracheotomy. He was very glad that, while ten or twenty years ago he was one of only a very few in New York who favoured the operation, to-day there were many dozens and scores of physicians who were just as willing to perform it when a child was suffocating as he had been then and was still. He was very glad to have heard of this case, for it must have made a great impression upon the family physician, upon the mother, and upon the friends of the family, and it would certainly do a great deal to popularize the operation. If only one of a number of operations was successful, it justified our resorting to it in these cases.—*New York Medical Journal*.

**LACERATION OF CERVIX UTERI.**—Dr. Goodell thinks that the most common cause of *laceration of the cervix uteri* is too early rupture of the membranes, to which there is a great temptation to resort, as it undoubtedly hurries the labor through in a multipara. As a rule, it is best to wait until the os is dilated. In

performing Emmet's operation he prefers the knife to the scissors for denuding. In drawing the uterus down, care should be taken not to make very powerful traction, as pelvic cellulitis might be caused. Of one hundred and twelve operations done by himself, only two have been followed by inflammation—both in hospital practice. Neither was fatal. In both the inflammation was peritoneal, and in one it was attributed to erysipelatous contagion, as a patient with erysipelas occupied the next bed. He never operates under the spray, but always bathes the parts with a one-to-forty solution of carbolic acid. He endeavors to remove all cicatricial tissue, and inserts the lower sutures first, as they offer the greatest difficulty. Other things being equal, the finer the wire the less likely it is to cut out. After passing each stitch the ends are brought together and a shot is slipped over them. Secondary hæmorrhage happened in one of his cases, but it was not at all alarming. In such a case it is best not to tampon the vagina if it can be avoided, as the accumulation of blood would interfere with the success of the operation, but rather inject hot water, followed, if necessary, by the injection of a hot solution of alum. The removal of the sutures is much facilitated by not cutting short those of them that are likely to offer any difficulty. To prevent the wire from sticking the vagina, a shot is clamped on its end.—*New York Medical Review*.

**PREVENTION OF RUPTURE OF PERINEUM.**—The latest method, that of Dr. Thad. A. Reamy, of Cincinnati, consists in, according to the *Medical News*, placing the patient on her back (the limbs being fixed to the greatest practicable degree) and stretching smoothly over the bulging perineum a towel, the extremities of which are held beyond the gluteal masses on either side by his own or his assistant's hands. The perineum is not touched except by the towel, and all the tension is made from the ends of the towel. Applied smoothly in this manner, with its upper border on a level with the posterior commissure, and the posterior border extending to a point opposite the coccyx, the towel forms a supplementary perineum, which, while remaining untorn, effectually prevents rupture of the tissues beneath. It should not be removed until after the shoulders are born.

Dr. Erich relates several interesting cases of *pelvic abscess*, with special reference to the diagnosis between such formations and solid abdominal tumors. So great are the difficulties that he thinks it advisable to aspirate in all cases of doubtful abdominal tumor before pronouncing definitely upon its nature. After evacuating a pelvic abscess it should be kept constantly drained with a syphon drain, and washed out daily with an antiseptic solution.—*New York Medical Review*.

### Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—A little light upon a couple of points, not alluded to by the Dean at the annual dinner of Trinity Medical College, in his address to the students, might possibly be of benefit, not only to the medical students but to the Dean himself; and in the hope of obtaining light I venture to put the following questions: 1. In Kingston, where resides "one examiner, you know who," and who the Dean and his supporters say is "severe, dishonest, unjust, and partial," why is it that there are no "unseemly squabbles" between the students and the Council, and that the former are always satisfied with the questions and with the decisions of the examiners? 2. In Toronto, where resides the Dean, who is so modest, so upright, so impartial, so peaceful, so jealous of the honour of the profession, always instilling the noblest principles into the minds of the students of his University School, why is it that these "unseemly squabbles" always occur, and that the students always feel themselves to have been unjustly treated by the examiners? 3. If "one examiner, you know who," is so unjust to the candidates from the schools outside of Kingston, how is it that as a result of the last examination so much complained of, McGill and Toronto School of Medicine obtained so much larger a percentage of success than his own school? Of the candidates who presented for examination from the Canadian schools there were passed from: McGill College, in round numbers, 68 per cent.; Toronto School of Medicine, 45 per cent.; R. C. of Surgeons, Kingston, 40 per cent.; Trinity Medical School, 22 per cent. These figures are startling and would almost justify a suspicion that some one was working in the interest of McGill College or against the interest of Trinity. Who was it? Was it the examiner, "one you know;" or, WAS IT THE DEAN?

Yours, etc,

MEDICUS.

### THE CANADIAN

## Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism, and News.

TO CORRESPONDENTS.—We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.

TORONTO, FEBRUARY, 1882.

### CONSULTATIONS WITH HOMŒOPATHS.

Since Dr. Bristowe and Mr. Hutchinson, at the last meeting of the British Medical Association, indiscreetly raised the question as to whether homœopathy were not really fostered by the unanimous ostracism of Hahnemann's disciples by the general body medical for the past eighty years, the professional mind has been disquieted by the seeming indications of ethical laxity and moral obtuseness obtaining a foothold in high places. The action of the Royal College of Physicians at an extraordinary meeting on the 27th December last, under the presidency of the veteran, Sir William Jenner, K.C.B., (whose uncompromising probity has long been the *et presidium et dulce decus* of our cloth) will do much, however, to reassure the timorous and encourage the boldly upright. The following resolution moved by Dr. Samuel Wilks and seconded by Dr. Lionel Beale was carried unanimously: "That, while the College thinks it desirable not to fetter the actions of the fellows, members, or licentiates, with reference to any opinions they may adopt, it nevertheless expresses its opinion, that the assumption or acceptance, by members of the profession, of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public; the College, therefore, expects that all its fellows, members, and licentiates

will uphold these principles by discountenancing those who trade upon such designations."

We direct attention to this fact especially because we have heard within the last few days of a well-known medical man in this city who has recently met in consultation two prominent and pronounced followers of Hahnemann, who have not even a degree from a recognized University, or a diploma from a regular College, to commend them to his gracious and favourable consideration. One of them, in fact, holds such peculiar views that he was able to certify, the other day, to our personal knowledge, that a certain patient was suffering from typhoid fever "which is not an infectious nor contagious disease." The gentleman to whom we refer as not being fearful of besmirching his immaculate garments by contact with the unclean, professes surgery, and may, therefore, seek to justify himself before his conscience by taking refuge behind Mr. Hutchinson's very fallacious and short-sighted argument that the knife and the catheter are the same in the hands of the rational and the homœopath. Does the *pruritus secandi* constitute the surgeon; or are the great principles of pathology and diagnosis equally essential to medical and chirurgical practice? Whether is more important the incision of an hepatic abscess or the recognition of its presence? But this liberal-minded and widely sympathetic surgeon is also a licentiate of the Royal College of Physicians, and we, therefore, trust that the expression of the opinion of his college, which we have quoted, in the premises may not be lost upon him, and that this latest offence, though not his first, against the ethics of our craft, may happily prove to be his last. It used to be said that as the homœopaths had not taken to surgery, surgery was the salvation of medicine. This broken reed, however, has at length let us wholly down, since it can be no longer doubted that even though they suffer the domain of surgery to lie inviolate from the intrusion of their preposterous tenets, yet they succeed in prostituting some of the tillers of that noble soil, just as they might hire a common mechanic, to serve their ends. We freely grant the liberty of untrammelled thought and action (not transgressing the bounds of right

and equity) to every man, but we claim for his fellows, likewise, the right to judge of his eccentricities and follies, and to act accordingly. The common conscience of the profession has long since recognized the profession of the exclusive doctrine of *similia similibus* and of dynamisation by division to be an arrant cheat—a lie; and the verdict of the common judgment is that those who countenance the practice by association in consultation with its professors are equally and inexcusably *participites criminis* in foisting a fraud upon the public. With such of necessity honest men can have no intercourse or commerce, no community of sentiment or aim.

#### INAUGURAL MEETING OF THE TORONTO SCHOOL OF MEDICINE MEDICAL SOCIETY.

This Society, to which we referred in our last issue, decided that its first meeting should be an open one, and, in accordance with this decision, a public meeting was held on Saturday evening, January 14, in the larger of the two lecture rooms in the building of the Toronto School of Medicine, which was attended by a large number of students, members of the faculty, and other physicians residing in Toronto. Among those present (apart from the faculty members) were Drs. Workman, Burns, O'Reilly, Rosebrugh, Cameron, Playter, Palmer, Wilson, Martin, Nevitt, McPhedran, Davidson, Smith, Fisher, Watt, Martin, Going, King, Robinson, Dr. Smith, Principal Ontario Veterinary College, and others.

Dr. James H. Richardson occupied the chair.

The President, Dr. A. H. Wright, read his Inaugural Address, in which he referred to the objects and prospects of the Society, the very prosperous condition of the School at the present time, and concluded with some general remarks upon the profession of medicine.

A discussion ensued on the "Causes of the Present Epidemic of Typhoid Fever," which was opened by Mr. W. H. Montague, who read an exhaustive paper on the subject. (The paper appears in this issue of the Journal). Messrs. G. S. Cleland, R. M. Coulter, and Patterson, gave their views on the subject. The discussion was interesting, instructive, and very ably con-



ducted, and we must congratulate the School and this young Medical Society upon the marked ability shown by the student members at their inaugural meeting. It was a subject of general remark, on the part of those present, that such a discussion would have done honour to any Medical Society in the country.

After the students had spoken, some of the physicians present were called on to speak, and in response Drs. Graham, O'Reilley, Smith, Cameron, Workman, and Richardson, (the Chairman) addressed the Meeting on the subject under discussion, and at the same time expressed, in the most cordial and kindly manner, their best wishes for the success of all the undertakings of the Society, including their meetings for discussions on Medical subjects, and also their Reading-room and Library.

One of the most pleasing features of the entertainment was the offer of two prizes (a pocket medicine case, and a clinical thermometer) by Mr. E. A. Smith, to be given for the best papers on subjects as prescribed by himself in his letter, which was read by the President.

Before adjourning, the thanks of the Society were given to Mr. E. A. Smith for his generous offer; to the Faculty of the School, for giving and furnishing the large and commodious room for the use of the Society as their Reading-room and Library; and to the Chairman for his kindness in presiding over the meeting.

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THE UNIVERSITY EXAMINATIONS.—Below is given the list of the examiners for the University of Toronto for the year 1882: *Medicine—Physiology and Pathology*, Geo. Wilkins, M.D., University of Toronto, Montreal; *Medicine and Therapeutics*, F. R. Eccles, M.B., University of Toronto, London; *Midwifery and Medical Jurisprudence*, D. B. Fraser, M.B., University of Toronto, Stratford; *Clinical Surgery and Medicine*, Chas O'Reilly, M.D., C.M., McGill College, Superintendent General Hospital, Toronto. *Medicine and Arts—Chemistry*, W. H. Ellis, M.A., M.B., University of Toronto, Professor of Chemistry, School of Science, Toronto; *Natural Philosophy*, Prof. R. Ramsay Wright, M.A., B.Sc., University of Edinburgh.

#### GUITEAU'S PLEA OF INSANITY.

We transcribe the following from the *London Lancet* as it expresses our views better than language of our own could do:—

The trial of Guiteau will, even if it should answer no more immediate purpose, help to place the "plea of insanity" in a new light; and as it is impossible that this plea can be placed in a worse light than that in which it stands at this moment, not only as regards the assassin in question, but wrong-doers of all classes and in every country, we may cherish the hope that something good and useful will hereafter be found to come out of what now appears to be both evil and supremely ridiculous. Making all due allowances for the differences of procedure which exist in the working out of judicial processes in the United States and in England, it must, we think, be admitted by the most patriotic of Americans that no such *fiasco* of justice and common sense could have occurred in the old country as that which has happened in the United States in connection with the farcical trial of the avowed murderer of President Garfield. Nothing, however, is further from our purpose than to comment ungraciously on a spectacle which is doing much to make American judicial proceedings the laughing-stock of the world. We are concerned with the cause—actual or pretended—of the business—namely, the allegation that Guiteau is insane. The mere fact that the defence was a plea of insanity ought obviously to have barred his own action in the matter. As it is, Guiteau, if really inane, is damaged by being allowed to make a spectacle of himself; while if not insane he is encouraged to feign madness. Nothing so much humiliates the medical profession in this country as a trial in which the plea of insanity is raised as a subterfuge, and experts are called to give evidence on opposite sides. In America the humiliation is even greater than it is here. Surely there must be some men of position in the specialty of mental disease who could be called in, and who would not give utterance to the nonsensical views put forth as "scientific!" The confounding of phrenology, physiognomy, and symptoms, is discreditable and damaging. It will be more than ever difficult to obtain a hearing for genuine medical evidence in any court after the spectacle of fully now offered to the public gaze in America.

### A MEDICAL LIBRARY AND A REGISTER OF NURSES.

The scientific medical man of the day in order to keep abreast of the progress of medical science, requires to have access to the literature of his art. This literature, already large, is rapidly accumulating. Private libraries cannot contain it all. A public library is then a necessity.

The profession in Toronto, with its Hospitals and Medical Schools, and Medical Societies, has no library. And in this it is behind the other learned professions, for the lawyers have the fine library at Osgoode Hall; the legislators have their libraries; the theologians theirs; the University theirs. The medical profession alone has no storehouse of its literature. This is a grave fault, and it behooves us to see that it is corrected. To found a public medical library, demands the united action of the entire profession in the city. An annual sum from each member of the profession (the amount not to be burdensome), would be sufficient for a beginning. A suitable room must be obtained—this under proper representation might be in the hall of the Ontario College of Physicians and Surgeons; and a librarian appointed who would have to be paid a certain salary. These are a few of the expenses connected with the establishment of any institution of this kind.

Had we some such central and common meeting-place, it would soon become used as a centre for diffusing useful information upon common topics in connection with the profession. A notable use to which it might be made subsidiary is the knowledge of the residence of trained nurses. Trained nurses could be encouraged to send their addresses to the librarian, who should be kept posted as to their movements and upon application could immediately supply a nurse to any part of the city saving the practitioner a good deal of trouble and loss of time. Such a plan has operated most successfully in Boston.

Let the profession then make a united and determined effort to gain this desirable end, and they may be assured of success. Let them look upon it as an investment, and they will find it pay a good and lasting interest.

**VETERINARY SCHOOLS.**—The *Medical News* in its issue of January 21st, says:—"So far as we know, there is but one organized school of Veterinary Medicine in America, and of late years but little has been heard from that." We presume that the remark must have been intended to apply to the United States of America only; otherwise we would desire to inform our contemporary that in Canada two excellent Schools of Veterinary Medicine are to be found, one in Montreal, and one in Toronto. In the latter we believe there are over 120 students annually in attendance.

**UNPROFESSIONAL ADVERTISING.**—We regret very much to observe in the *Brooklyn Times* for January 3rd, a very fulsome and disgusting notice of the advent of a new practitioner. From the personal knowledge we had of the gentleman mentioned, some eight or nine years ago, we cannot believe that the publication of the notice had either his knowledge, consent, or approval; but are obliged to suppose that he is the victim of the indiscretion of an over-zealous friend. May the Fates save him from such friends in future!

The Ontario Veterinary College held its annual dinner at the Walker House on Friday evening, the 27th ult. It was a grand success, highly creditable to its promoters and enjoyable by its participants. We congratulate the College upon the high position it has attained and are pleased to learn that it this year numbers some 120 pupils.

### PERSONAL.

Dr. Bascom, of Uxbridge, is recovering from an attack of typhoid fever.

Dr. Machell, of Toronto, is also recovering from an attack of the same disease.

Dr. Ferguson also has resumed active work, and Dr. Jehu Ogden is again about.

The celebrated Parisian Alienist, Brierre de Boismont, is dead, aged 83.

Dr. Draper, President of the Scientific and Medical Department of the University of the City of New York, is dead.

The Order of the Cross and Collar of Knight Commander of the Crown of Italy has been conferred upon Sir William MacCormac by King Humbert.

*The Birmingham Medical Review*, under the able editorship of Dr. Robert Saundby, and which formerly appeared as a quarterly, is now issued monthly.

Mr. Malcolm A. Nicolson, M.B., of the Toronto School of Medicine, passed the primary examination of the Royal College of Surgeons on the 9th January.

A new Chair of Nervous Diseases has been created, at the Faculty of Medicine of Paris, to which M. Charcot has been transferred from that of Pathological Anatomy.

Prof. Freund, of Strasbourg, is reported to have accepted the Chair of Obstetrics at Breslau, vacant by the death of Otto Spiegelberg.

Messrs. J. Stevens & Son, Surgical Instrument Makers, have removed their agency from 274, Yonge Street, to large and more convenient premises, situated at 40 Wellington Street East, Toronto.

The well-known Philadelphia Publishing Firm of Lindsay & Blakiston has been dissolved, and the business is now conducted by Presley Blakiston, Son & Co., 1012 Walnut St.

It is proposed to erect, on the ground contiguous to the University of Pennsylvania, a School of Veterinary Science, a Hospital for Domestic Animals, Dormitories, Museums, a Training School for Nurses, and Free Library.

Dr. Reuben J. Harvey, who succeeded Dr. Yeo as Lecturer in Physiology in the Carmichael School of Medicine, Dublin, in 1872, died on 28th December, from typhoid fever, aged 36. The disease was contracted on duty at the Cork Street Fever Hospital.

M. Laborde stated at the Biological Society that in the preparation of aconitine two alkaloids are obtained, one of which, napelline, gives rise to hypnotic effects more remarkable than those from morphine. He is at present engaged in a series of experiments to investigate the physiological properties of this alkaloid.—*Gaz. des Hôp.*

The death is announced of John Flint South, F.R.C.S., at the advanced age of 85. He will

be best known to our readers as the Editor and translator with notes of Otto's "Compendium of Human and Comparative Pathological Anatomy," and of Chelius' "System of Surgery." He was a ripe scholar and careful teacher; member of many home and foreign learned societies, and twice President of the Royal College of Surgeons of England.

*The Medical News*, long published in connection with the *American Journal of Medical Science*, and the *Monthly Abstract* re-appears, in connection with the former and instead of the latter, as a weekly of the same stamp as the *Lancet*, *British*, and *Medical Times and Gazette*, and makes a fair show alongside of these older *confrères* which we have all learned to look for so eagerly and love so well. *Floreat in perpetuum*. The editor's name is not disclosed, but the publication is conducted by H. C. Lea's, Son & Co., of Philadelphia.

The Transactions of the International Medical Congress of 1881, are now issued in four thick royal octavo volumes, comprising 2,548 pages of closely printed matter, together with 180 illustrations. Owing to the size of the work greatly exceeding the original expectation it has been found that the guinea subscription will only cover about two-thirds the cost, and it is, therefore, hoped that every subscriber will, upon receipt of his volumes, not fail to remit the additional half-guinea necessary to exempt the guarantee fund from being called upon. The next Congress meets in Copenhagen in 1884.

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THE CYCLE OF WESTERN FARMING.—A writer in an Illinois paper says: "The average Western farmer toils hard early and late, often depriving himself of needed rest and sleep—for what? To raise corn. For what? To feed hogs. For what? To get money with which to buy more land. For what? To raise more corn. For what? To feed more hogs. For what? To buy more land. And what does he want with more land? Why, he wishes to raise more corn—to feed more hogs—to buy more land—to raise more corn—to feed more hogs—and in this circle he moves until the Almighty stops his hoggish proceedings."—*Druggist's Circular*.

### Book Notices.

*The Hygiene of the Eye. An Address to Physicians.* By CHARLES A. OLIVER, A.M., M.D. (Reprint from *Medical and Surgical Reporter*).

*Obstetric and Gynecological Literature, 1876-1880.* By JAMES R. CHADWICK, M.D., Boston, Mass. (Reprint from *Boston Medical and Surgical Journal*.)

*Quarterly Report of the Kansas State Board of Agriculture for Quarter ending December 31st, 1881.* F. D. COBURN, Sec. Topeka, Kansas.

*Case of Obliteration of the Portal Vein (Pylephlebitis Adhesiva).* By WM. OSLER, M.D., M.R.C.P. Lond., Prof. Instit. of Med. McGill University. (Reprint from *Journal Anatomy and Physiology*.) Vol. XVI.

*A Manual of Ophthalmic Practice.* By H. S. SCHELL, M.D., Philadelphia. D. G. Brinton, Philadelphia, 1881. This is an unpretentious, but good book, giving a good deal of useful information in small compass. There is but little fault to find, and much could be said by way of commendation.

*Address delivered at the Dedication of the Hall of the Boston Medical Library Association, December 3, 1878.* By OLIVER WENDELL HOLMES, M.D., with speeches by various others. List of a Loan Exhibition of Medical Portraits. Report of the Librarian, James R. Chadwick, M.D., read at the Sixth Annual Meeting on October 4th, 1881. And the Report of F. C. Shattuck, M.D., on the Directory for Nurses.

*The Nurse and Mother.* By WALTER COLES, M.D., Consulting Physician, to St. Ann's Lying-in Asylum, St. Louis, etc. J. H. Chambers & Co., St. Louis.

This little book contains minute instructions for the guidance of the Monthly Nurse in her management of the mother and infant, and also gives useful hints to the mother with reference to dressing and feeding her child. We wish

every mother could read these invaluable directions (all of which we entirely approve of), and act upon them. It would follow as an inevitable result that we should see fewer puny, sickly babes than now. The work will be found interesting and useful to nurse and mother, and we may also add, to the young doctor, who has not had during his course many opportunities of studying the details of the Lying-in room.

*A Treatise on the Diseases of Infancy and Childhood.* By J. LEWIS SMITH, M.D. Fifth Edition. Thoroughly Revised. Philadelphia: Henry C. Lea's, Son & Co. 1881.

The appearance of a fifth edition of this work is sufficient attestation of its great value to the practitioners of the country, and of the use they are disposed to make of it. The more widespread its use and the more general the diffusion of the practical wisdom it contains, the more rejoiced must be all lovers of the little folk of whose ills it treats; for unquestionably it is the best work on the Maladies of Childhood in the English language, and in any foreign language we know of no work which will compare with it. That the Fifth Edition has been thoroughly revised and brought up to date an attentive (or even careless) perusal will abundantly disclose. We wish it God-speed in its beneficent mission.

*Eczema and its Management. A Practical Treatise based on the study of 2,500 cases of the disease.* By L. DUNCAN BULKLEY, A.M., M.D., New York. New York: G. P. Putnam's Sons, 27 and 29 West 23rd Street. Toronto: N. Ure & Co. 1881.

The present volume, composed in part of previous essays of the author, certainly constitutes the best and fullest monograph upon the subject in any language. It is made up of sixteen chapters; of which the first treats of general considerations, definition, and nosology. The affection is defined as a "non-contagious, inflammatory disease of the skin, of constitutional origin, acute or chronic in character, manifesting any or all of the results of inflammation at once or in succession, and accompanied by burning and itching." With regard to nosology it is accordingly classed amongst the exudative or inflammatory affections in Class IV.

of the author's excellent Nosological Catalogue, familiar to all readers of the *Archives of Dermatology*. With regard to frequency, the author's individual experience would estimate the occurrence of eczema in  $34\frac{1}{2}$  per cent. of all Diseases of the Skin. The general practitioner's average would indubitably place it much higher. The symptoms, Pathological Anatomy and the Acute, Sub-acute, and Chronic Forms are dealt with in Chapters III. and IV. The Diagnosis and Prognosis occupy Chapter V. Twenty-eight affections of the skin are enumerated as at times requiring differentiation from this disease. The Prognosis under given conditions is invariably good. Chapters VI. and VII. ably discuss the Local and Constitutional Nature of Eczema and its Predisposing and Exciting Causes. From the definition it will be observed that the Constitutional view has been adopted in opposition to the German School, and we are bound to say it is most satisfactorily and cogently defended. The frequency and importance of local exciting causes is none the less duly and frankly admitted. The Constitutional and Local Treatment are fully considered in Chapter VIII. Then follow six special chapters on the Management of Infantile Eczema, of Eczema of Face and Scalp, of Hands and Arms, of Feet and Legs, of Anus and Genital Region, of the Trunk, and of General Eczema. The two concluding chapters are devoted to the Diet and Hygiene and the Therapeutics of Eczema; the last containing a valuable collection of well-proved formulæ. He who reads the book attentively, cannot fail to be well-informed on the subject of which it treats; and being so will find himself in a position to scientifically grapple with and subdue at least one-half of all the dermatological cases falling into his hands. Being ardent disciples of the author, we cannot find much fault with his doctrines; and it seems to us that the most serious criticism of the work must fall upon its arrangement which gives rise to some diffuseness and needless iteration. Doubtless *gutta cavat lapidem* and the incessant insistence upon a fact ensures its ultimate appreciation; but here the principles are so well enunciated in the first place, and appeal so strongly to the judgment of the

reader, that their needless repetition would appear to be, typographically considered, "wasteful and ridiculous excess." We recommend the volume to our readers on its merits, feeling assured that other commendation will be found superfluous.

*The Science and Art of Midwifery.* By WM. THOMPSON LUSK, A.M., M.D., New York. New York: D. Appleton & Co., 1, 3, and 5, Bond Street. 1882.

It was about time that a new work on midwifery, by an American author might be expected, and accordingly almost simultaneously the works of Lusk and Glisan make their appearance. From his position in connection with Bellevue and his well-known studious habits much might justly be expected from Dr. Lusk, and we are happy to be able to say that all reasonable expectations are herein more than fully realized. The great advances made of late years in this department by French, German, and British writers have been fully noted, and their contributions carefully sifted and discerningly appraised with a view to incorporation in this treatise of all that was good and true.

The Physiological Anatomy of the Female Organs of Generation is first considered and an admirable description presented by no means the stereotyped account of the older text-books, but, as we think, truer to life. The position of the ovary is represented as lying too transverse, however. The Physiology of the Ovum is then dealt with in two highly excellent chapters. The Physiology of Pregnancy follows and then Pregnancy and Labour. The descriptions throughout are original, clear, fresh, and concise. The puerperal state is afterwards treated of in an admirable chapter in which nothing needful appears to have escaped attention, and which fully represents the daily routine of the careful and attentive obstetrician. The Pathology of Pregnancy occupies four chapters which fairly embody the gist of nearly all valuable contributions to the subject. Obstetric Surgery has six chapters devoted to it, and we certainly think that here are to be found the best descriptions and directions for the various obstetric operations to be found in any text-book of midwifery extant. The author is a

strong advocate of chloroform as an anodyne in labour, but for any operations after delivery, he greatly prefers ether and believes chloroform to be dangerous. The use of the forceps is well set forth; and for operations at the brim our author highly lauds Tarnier's pattern or his own modification. For ourselves we think the more convenient form of Studley with the double perineal curve, lately described, is more likely to come into general use. The Pathology of Labour is treated of in some eleven chapters; those upon Contracted and Distorted Pelvis being especially noteworthy and important. Ruptures of the Genital Canal are likewise admirably described. The work is dedicated to Fordyce Barker, and it is therefore especially meet that it should be crowned and concluded by three excellent chapters on the Diseases of Childbed, which admirably reflect the sound and scientific doctrines of that great master. The book is abundantly illustrated with drawings from various sources, chiefly German. We regret that time and space will not allow of our noticing the work as we had intended; but we are sure we cannot do our readers greater service than in urging them with the utmost earnestness we can command to buy the book and "read, mark, learn, and inwardly digest it" for themselves.

*Clinical Lectures on the Diseases of Old Age.*

By J. M. CHARCOT, M.D. Translated by Leigh Hunt, B. Sc., M.D., with additional Lectures, by Alfred M. Loomis, M.D., N.Y. New York: William Wood & Co., 27 Great Jones St. Toronto: Willing & Williamson.

It has almost become an accepted fact that a place in Wood's Library of Medical Authors should be regarded a sufficient guarantee of the excellence of a work. M. Charcot's lectures form no exception to this rule. Many of our readers are probably as familiar with the writings of Loomis as of Charcot, and though some might be led to think that diseases of old age, as occurring in America, do not correspond in clinical history, as accurately with the same diseases so vividly portrayed by M. Charcot, as their observation would lead them to suppose they ought, still they will recognize a close relationship.

M. Charcot's introduction, as a comparison between the medical theories of ancients and moderns, will be interesting to all readers. It is with regret we have to notice that a man of such renown in medical science as M. Charcot, should so far belittle himself as to allow even patriotic, and political feelings to lead him to say, "But not without regret have we but lately seen an eminent man confound the rights which his high position as a scholar confers upon him, with the political power which was given him by his electors in Berlin, and abuse the word *science* to make the Germans hot-headed at the expense of a strict patriotism."

*These are allusions to a discourse delivered in Hanover, at the Congress of German Naturalists, September 20th, 1865.*

But as an offset we are glad to add to this M. Charcot's quotation from Dr. Graves, (*Lecons de la Clinique Medicale*, translated by Dr. Jaccoud, Vol. I. p. 53, 1863.

Reason, says Graves, "Reason has extended its empire from the old to the new continent—from Europe to the antipodes; to-day she has the whole world for her domain, and the sun never sets upon her possessions. Individuals take rest, but the general intelligence of mankind is forever sleepless."

Charcot deals chiefly with gout and chronic rheumatism, and that anomaly rheumatic gout, nodular rheumatism, rheumatic arthritis, as well as with chronic articular rheumatism, concomitant diseases of gout, its etiology, symptomatology, pathology, &c., &c.

Dr. Loomis treats of diseases of far greater interest to Americans:—Senile pneumonia, catarrh of bronchi, asthma, atheroma, fatty heart, apoplexy, cerebral softening, chronic gastric catarrh, senile constipation, and last, but by no means least important, senile hypertrophy of the prostate gland.

In the appendix Charcot gives in lectures xix., xx., and xxi., much interesting information on the clinical importance of thermometry in old age, dwelling specially upon the importance of recognizing the difference between the axillary and central temperature, and showing that while in the adult the difference between the axillary and rectal temperature is (carefully taken) usually very slight, this is not so in old age. In the senile period of life, in the pathological, and above all in the febrile state, a difference of as much as six degrees, Fahr. has been observed when the symptoms even portended collapse. We commend the book to our readers.

*Meetings of Medical Societies.*

## TORONTO MEDICAL SOCIETY.

17th November, 1881.—The Society met at 8.30 p.m. The President in the Chair. The minutes of the last meeting were read and approved.

Dr. Macdonald showed a vermiform appendix taken from a patient, who, for some days prior to his death, had been suffering from localized peritonitis in the region of the cæcum. The appendix showed two points of ulceration with perforation, and in its interior it contained a hardened nodule of fecal matter, which was situated between the points of ulceration.

Dr. Nevitt mentioned a case of fecal impaction, where there was perforation; death resulting in thirty-six hours.

Dr. Cameron next showed a case of pseudo-hypertrophic muscular paralysis in a lad aged eleven. He gave a detailed account of the family history, which showed that the disease could not be traced in any of the patient's ancestors or members of his own family. The patient was quite well until about three years of age; after that there began to be loss of power, and feats of strength and agility which he could not perform were easily accomplished by children of more tender years, while the excessive enlargement of the muscles of the calf were the subject of much admiration. The patient, when placed on his back, has no power to regain the erect posture without assistance, and his mode of progression is peculiar, especially when he ascends the stairs. There is excessive prominence of gastrocnemii and solei, while the muscles of the brachial region are somewhat wasted, and there is well-marked lordosis. The treatment adopted is by the administration of cod-liver oil, the syrup of the iodide of iron, and arsenic. The P.M. lesion is always the same in the muscles, but there is a want of uniformity in the lesion of the cord.

The President then mentioned several cases which had recently come under his notice, among which were, 1st. A case of ovarian tumour, which was a multiple cyst, and contained about 50 lbs. of fluid in its interior; 2nd. A gun-shot wound of the arm, in which

there was no discharge from the track of the ball, the wound having been dressed under the spirit lotion. He also mentioned the beneficial effect hyoscyamine had in quieting patients suffering from acute mania, given in doses of  $\frac{1}{8}$  to  $\frac{1}{2}$  of a grain, and also related the effect the dose of  $\frac{1}{8}$  of a grain had upon himself.

Dr. Rosebrugh then read his paper on "Electricity in the Treatment of Special Diseases," a full report of which has appeared in the *Canada Lancet*.

December 1st, 1881.—The Society met at 8.15 p.m. The President in the Chair. The minutes of the last meeting were then read and approved.

Dr. Going was then proposed a member of the Society.

Dr. Oldright then showed a man, who, eighteen months ago, had received a comminuted fracture of his right tibia and fibula in their lower third. Six weeks after the accident the fractured limb became swollen and cedematous, and sometime afterwards the sound limb also became swollen. The case, as presented to the Society, showed great swelling and cedema of the affected limb, and an indolent ulcer on its anterior and inner surface. The patient is of temperate habits. He has no cardiac affection; and the urine, when examined shortly after the accident, was found normal. Dr. Oldright asked for a solution of the case, but an answer was wanting.

Dr. Graham next exhibited a girl, aged five, whose mode of progression was awkward and difficult, and the appearance simulated somewhat that of double hip disease. The affection has always existed. Dr. Graham had seen three cases similar to this disease. Tendon reflex, although absent in this case, is well-marked in some.

Drs. Canniff, Oldright, Cameron, and others discussed the case.

Dr. Cameron exhibited a piece of gravel (about the size of a small castor-oil bean) which he had removed after it had existed in the external auditory canal for two and a-half years without symptoms.

Dr. Graham showed a piece of cotton wool which he had removed from the naris of a child, where it had been lodged three or five

years, and in consequence of which the child suffered from ozena.

Dr. Rosebrugh then read a continuation of his paper on "The Uses of Electricity in the Treatment of Special Diseases."

Dr. Rosebrugh, of Hamilton, being present, made a few remarks upon the paper, and the Society then adjourned.

#### BRANT MEDICAL ASSOCIATION.

The regular quarterly meeting of the Society was held at the Kerby House, Brantford, Dec. 6th. The members present were—Drs. Griffin, Philip, Harris, Kitchen, Clarke, and Winskel. The following gentlemen were elected officers for the ensuing year:—Dr. Kitchen, St. George, President; Dr. Sinclair, Paris, Vice-President; Dr. Harris, Brantford, Secretary-Treasurer.

A paper was read by Dr. Philip on the "Antiseptic Treatment of Phthisis," and notes of a case of "Latent Typhoid Fever," by Dr. Harris. A long and interesting discussion took place, by all the members present, on these two papers.

After some routine business the Society adjourned, to meet again at Brantford on the first Tuesday in March, 1882.

**BEEF-TEA AND URINE.**—It is rather a novel idea that in taking a cupful of beef-tea we are really drinking what is equivalent to a cup of urine. According to Mr. Masterman, however, who not long since published a chemical analysis of beef-tea, the two are as alike as may be, only that urine appropriately contains more urea and uric acid. And now comes Dr. Neale, of London, who has been, apparently, in the East Indies, and not only assures us that urine is used as a vehicle for (less agreeable?) medicines, but that, "as a stimulant and general pick-up, I have frequently seen a glass of a child's or a young girl's urine tossed off with great gusto and apparent benefit."

Reduced to straits, we presume we might so use it, but we confess that, usually, "as a stimulant and general pick-up," we mightily prefer the other form of the cup that cheers but does not inebriate.—*Medical News.*

#### Miscellaneous.

**TOOTHACHE.**—There are some cases instantly cured by the application of a plug of lint dipped in sulphurous acid and inserted in the hollow tooth.

**CHEAP WATER-BEDS TO PREVENT BED-SORES.**—Dr. Morton (at the Philadelphia Academy of Surgery) mentioned the use, at the Pennsylvania Hospital for the Insane, of water-beds made by stretching a piece of gum-cloth over a shallow trough.—*Medical News.*

**SLOW PULSE.**—At a recent meeting of the Birmingham and Midland Counties Branch of the British Medical Association, Dr. Simon showed a patient with a slow pulse who had been under observation for thirteen or fourteen years, and whose case had been recorded in the *Medical Times and Gazette* by Dr. Russell. The pulse rate has varied from 12 to 38 or 40.

Huxley predicts that in the progress of medicine it will become possible to introduce into the economy a molecular mechanism which, like a very cunningly-contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched.—*Michigan Medical News.*

In 1851, when the population of Glasgow was 255,000, the number of practitioners in the city was 231; in 1861 the population was 329,000, but the number of practitioners had fallen to 226; in 1871 the population was 477,000, while the practitioners numbered again 231; and in 1881, when the population of the city had increased to 511,000, the practitioners are found to number only 294. While our population has almost exactly doubled, therefore the number of medical men has increased only by about sixty. Dr. Buchanan professed his inability to account for this state of matters; but at least three explanations suggest themselves. In the first place, Glasgow is undoubtedly a much healthier city now than it was thirty years ago, and consequently supports the medical profession less liberally; secondly,



our means of locomotion are so much improved that men undertake much larger practices now than formerly; and, thirdly, and this is by far the most important reason, should be mentioned the shameful and growing abuse of hospital and dispensary aid which goes on unchecked in this city.—*London Lancet*.

**MEDICAL ÆSTHETICS.**—The following from the *Medical Record* is being much passed from hand to hand in New York. It purports to be from the opera of "Patience."—

- A New York medical man,  
A very much advertised man,  
A pills-in-variety, talk in society,  
Each for himself young man.
- A Philadelphia man,  
An Index Medicus man,  
A think-it-all-gammon, this talk of Buchanan,  
Great-medical-centre young man.
- A Boston medical man,  
A hyper-historical man,  
An ultra-persimmon toward medical woman,  
A Harvard-or-nothing young man.
- A Chicago medical man,  
A wide-awake, ethical man,  
A good-as-the-rest-of-you, more-than-abreast-of-you.  
Down-on-the-East young man. J.
- A Toronto medical man,  
A money grub, get all you can,  
A societies shirker, night and day worker,  
Stick-in-the-mud young man.

**QUACKERY, ANCIENT AND MODERN.**—At the Metropolitan Counties Branch, Sir Joseph Fayrer, M.D., K.C.S.I., in the chair, Mr. Nelson Hardy read this paper. He said quackery had existed from time immemorial, and would probably continue to the end of time. Perhaps the most ancient form, the most respectable and successful one, and that which longest held its grasp on the human mind, was astrology—the most sublime and imposing of impostures—the most venial, in some respects, of delusions. Having traced the manner in which, in the earliest times, this typical form of quackery arose and grew, taking its origin, like other forms, as the result of vague experiences, of the misleading use of signs, and of the liberal use of the *post hoc, ergo propter hoc* fallacy, he quoted some lines

from Chaucer to show that, in his time, astrology was practised by the eminently respectable doctor of physic who was described in the *Canterbury Tales*. So long did the belief in it continue, that Richelieu is stated by M. Andrien to have had the horoscope of Louis XIV. cast at the moment of his birth; and there could not be any doubt that many honest and well-informed individuals might have been found amongst those who practised it. Another form of imposture, which was practised by many doubtless honest and well-informed medical men, during the time that it was patronised by the rich and great, was alchemy, which bore the same relation to chemistry that astrology did to astronomy—the one a false science, the other a true one; the false believed in, caressed, and patronised by monarchs and ministers of State; the true having to battle hard for bare existence in opposition to its rival. It was important to remember how long, in each case, the false science impeded the development of the true; and how, as astronomy and chemistry rose to the dignity of sciences, they shook off all connection, not only with impudent pretenders to, but also with honest believers in, astrology and alchemy. Among modern forms of quackery, homœopathy, mud-bath cures, milk-cures, and whey-cures, deserved to be mentioned. Homœopathy stood first, as Holloway's pills and ointment did among quack medicines—not, he thought, from any intrinsic merit in it above the other forms of quackery, except it were its greater adaptability to all classes of the population (mostly fools, according to Carlyle) everywhere; unlike hydropathy, which required splendid hotel-buildings and beautiful scenery to carry its cures to perfection; or the mud-bath system, which could only be carried out in certain continental towns, the monstrous system of pretending to cure serious diseases by globules without taste or smell, or appreciable effect of any kind on the human body, could be carried out in every house, by rich and poor, learned and unlearned, and better probably by those who knew nothing of scientific medicine, than by the ablest M.D. of London University. Having referred to the advertisements of quack medicines, and quoted a

humorous description of one, Mr. Hardy formulated the following propositions. 1. Quackery is more profitable pecuniarily than scientific medicine, but not so profitable mentally or morally. 2. Quackery most readily finds its victims among the highest and lowest social strata, not amongst the more intelligent middle classes; readily also amongst religious people—hence certain quacks always advertise largely in the (so-called) religious periodicals. 3. Various forms of quackery have, in former times, been intimately connected with the practice of medicine; but they have always impeded its scientific progress. If the members present agreed with him on these three points, they would have no difficulty, he thought, in arriving at the same conclusion that he had—viz.: that it was the bounden duty of every honest practitioner, by every means in his power, to discourage and discountenance all forms of quackery, however profitable or plausible, and whether practised by those within or without the profession. Dr. Dowse said he was somewhat disappointed at not hearing more about the modern forms of quackery. He thought some reference might have been made to the sly advertising which was done by members of the profession. He would like, too, to have a definition of a quack. The writer of the paper had been, he thought, too sarcastic with reference to certain forms of cures. It did not matter whether it was homœopathy or mud-baths that cured those who came to medical men. They wanted to be cured; and scientific medicine too often overlooks the most important part of its work—therapeutics. Science did not do much for the treatment of disease. So long as they cured their patients, and did not resort to villany, medical men were perfectly at liberty to resort to any system whatever. Dr. Iliff agreed that the great point was how to cure patients. He thought the bone-setters had taught the profession a great deal. The water-cure had been spoken of somewhat contemptuously; but he thought hydropathic establishments were great benefits. Faith had great influence in the treatment of disease. He remembered, when a student at Guy's Hospital many years ago, he cupped and bled one

hundred and fifty patients in three months, simply because it was the fashion at the time. Mr. Barwell thought quackery rather consisted in the manner in which a thing was done, than in the thing itself. Any one who deceived another for his own pocket advantage was a quack; but the man who believed in the decillionth of a grain was not a quack, he was a lunatic. The Chairman, though he confessed he had not previously paid much attention to the subject, was inclined to agree with Mr. Barwell as to the definition of a quack. It was certainly very curious to look back upon the connection, to which attention had been directed in the paper, between astrology and alchemy on the one hand, and astronomy and chemistry on the other. Mr. Hardy, in reply, said he agreed with the chairman and Mr. Barwell, that a medical man who deceived his patient as to his treatment, for his own pocket advantage, was a quack. He could not agree with Dr. Dowse or Dr. Iliff, that it was a matter of indifference what system was adopted, so long as the patient was cured. He believed many people were cured who took Holloway's pills and ointment, but that did not make it any the less quackery. Dame Nature was very kind to all. But he believed there was, nevertheless, such a thing as scientific treatment of disease, founded upon a knowledge of anatomy and physiology; and that all else was quackery.—*British Medical Journal*.

### Births, Marriages, and Deaths.

#### MARRIAGES.

By the Rev. D. C. McDowell, of Bowmanville, on the 28th Dec., at the residence of the bride's father, 12 Charles street, Dr. Jerrold Ball, to Emily, daughter of Frederick A. Moore, Esq., all of Toronto.

At St. John's Church, Ancaster, on December 26th, by the Rev. W. R. Clark, Dr. Stevenson, of Bradford, Ont., to Helen L. M., eldest daughter of Armiger J. Hubbard, Esq., of Brundale, Ancaster.

At Emerson, Man., on 28th December, by the Rev. C. J. Brenton, M.A., Dr. John Smith, of Winnipeg, Man., to Laura Lillian, only daughter of the late John McLeod, M.P.P., of Dunvegan, Bowmanville, Ont.

#### DEATHS.

On the morning of the 11th January, at Grand Haven, Michigan, Dr. A. J. Whitehead, aged 29 years.

On the 15th January, at the residence of his son, Dr. Canniff, Jonas Canniff, aged 92 years.

At Cobourg, on the 17th January, James Pringle, M.D., in his 85th year.

# THE Canadian Journal of Medical Science.

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TORONTO, MARCH, 1882.

## Original Communications.

### NOTES ON THERAPEUTICS AND PHARMACOLOGY.

BY R. L. MACDONNELL, B.A., M.D., M.R.C.S.,  
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#### PELLETIERINE IN TAPE-WORM.

In my last contribution I made mention of the uses of Pelletierine in the treatment of tape-worm. I have since ascertained through the kindness of Mr. H. Grey, Pharmaceutical Chemist, of this city, that the great drawback to it is its costliness, which is so great (20 cents per grain) that at present its use is almost out of the question, the dose being a gramme to a gramme and a half. The fluid extract of pomegranate, as made in the United States, (Parke, Davis & Co.) is, however, said to be quite as effective as the alkaloid, and its price is within the reach of all.

#### INFANT FEEDING.

One of the troubles of a young practitioner (*experto crede*) is the management of infants, more especially of infants deprived of the natural milk supply. The *Practitioner* of June, 1881, reprints a little leaflet on this subject by Dr. Elliott, of the Bristol Hospital for Sick Children, and I venture to abstract some of the more useful hints there found. After the age of six months the chief difficulty arises, and the following foods are suggested. 1. Boil the crumb of bread for two hours in water, taking care it does not burn; then add a lump of sugar, a pinch of salt, and pour a little new milk upon it while boiling hot. 2. Cut thin slices of bread into a basin, cover the bread

with cold water, place in an oven to bake; when sufficiently baked take it out, beat the bread up with the fork, slightly sweeten and pour on milk. 3. Baked flour. Bake some biscuit flour in a slow oven until it is of a light fawn colour; reduce it with a rolling pin to a fine powder, and keep it in a tin ready for use. Two tablespoonfuls to half a pint of milk boiled and sweetened. 4. Boil a teaspoonful of powdered barley (ground in a coffee mill) with a little salt in half a pint of water for fifteen minutes; strain, mix with half as much boiled milk, and add a lump of sugar. 5. Scotch oatmeal. Prepare in the same way as 4. This food is especially useful for regulating the bowels when they have a tendency to become constipated. 6. Robb's biscuits. 7. Ridge's or Neaves' farinaceous food for infants. 8. Revalenta Arabica, or lentil food. 9. Cadbury's cocoa essence, Fry's cocoa powder, or cocoa nibs. Dissolve a teaspoonful of either of the two first in half a pint of boiling milk and water (equal parts): of the nibs take one ounce and boil it in a pint and a half of water for five hours, strain and add new milk and sugar. Cocoa makes an excellent food for thin and wasted infants, who take it greedily and soon improve in health.

These foods are to be given lukewarm through a nursing bottle. In hot weather test the food with a small strip of litmus paper. If the paper turns red, make a fresh mess, or add a small pinch of baking soda to the food.

#### EFFECT OF DRUGS IN LACTATION.

Another point to which the practitioner's attention must be directed is the safety of giving powerful medicines to women who are

nursing. Mr. Dolan has written an admirable essay upon this subject, which was sent to America in competition for the Boylston prize. Most unfortunately the publication of part of it in the *Practitioner*, previous to the award, deprived the author of his prize. I shall merely give a very brief synopsis of the results of his observations.

*Aconite*.—Two minims of the tincture were given every half hour to a nursing woman. After twelve minims the milk was drawn off. No trace in the milk. Still Mr. Dolan thinks that caution ought to be exercised in administering this drug to nursing mothers.

*Anise*.—(Aqua et Oleum).—Said to promote the secretion of milk. It merely flavours it and renders it palatable to the child.

*Anethum*.—(Aqua et Oleum).—Dill as a galactagogue is useless. Imparts an aromatic flavour to the secretion. It may be given to a mother whose child is troubled with flatulent colic after sucking.

*Arsenic*.—In several patients with cutaneous diseases, chiefly of a syphilitic character, it was given in the form of liq. arsenicalis. The children were weaned, the secretion maintained by artificial suction, and the milk thrown away. The experiments showed that arsenic had passed into the milk.

*Carbonate of Ammonia*.—Found in the milk.

*Acetate of Ammonia*.—Copious diaphoresis. Secretion of milk more plentiful, breasts more distended. On examination it was found to be thin, poor, and watery. So that somewhat like jaborandi this drug increased the water in the milk without improving the quality.

*Belladonna*.—The writer endorses Ringer's opinions as to its great effect in suppressing the secretion of milk (a drachm of the tincture to an ounce of olive oil rubbed over the breast). Even in mammary inflammation, when the breasts are tense, shiny, hard, knotty, red, and exquisitely painful, the continuous application of belladonna for twenty-four or forty-eight hours will, even under these adverse circumstances, often remove the tension and inflammation, and arrest impending abscess.

Is it to be found in the milk when prescribed for other reasons than the arrest of milk? Is it dangerous to the child?

*Observation I*.—After three doses of succus belladonnæ, twenty minims each, repeated every four hours, no trace was found in the milk.

*Observation II*.—Thirty minims of succus every four hours for two doses. Quantity of milk unaffected, with no trace on examination.

In these two cases no doubt the belladonna had been eliminated by the kidneys.

*Copaiba*.—In four hours after a dose of copaiba and potash mixture the urine was examined. 1. Odour of copaiba. 2. Milk globules made larger and coarser. 3. Answered the nitric acid test. The child would not touch the breast. Some of the milk drawn off was given to a child two years old, whose urine half an hour after the dose was found to have distinct traces of copaiba in it.

*Chloral Hydrate*.—It is cumulative, and sudden deaths occur from its use. In parturition, very large doses are sometimes given, especially in puerperal convulsions. In one case there was no trace of it found in the milk on the third day after 75 grains had been taken in doses of fifteen grains every four hours.

*Cod-liver Oil*.—No effect whatever was produced on the milk by doses of half an ounce three times daily.

*Castor Oil*.—In plethora, when the secretion is deficient, it is most useful; and the leaves of the plant will be found of great benefit applied as a cataplasm. When taken by the mother it is found to have a purgative action upon the child; the mother's milk having the taste and flavour of castor oil.

*Digitalis*.—In three cases infusion of digitalis in half ounce doses was given every six hours. None found in the milk.

*Iodide of Potash*.—Not an anti-lactescent as reported.

*Mercury* has been found in the milk, but in two experiments Mr. Dolan failed to find any.

*Opium*.—When the dose is large the narcotic principle can be detected in milk, but in small doses no trace can be found.

A lady was in the habit of using the tincture for sleeplessness. Usual dose was 20 or 30 minims. When the child was fed it slept the whole night without disturbing her. Her infant was pallid and listless. The milk responded to the morphia test.

**Quinine.**—Three grains every hour were given to Alice W—. After twelve grains had been taken no traces were found in the milk.

**Sulphur.**—Even when used for scabies has no effect upon the milk.

Sulphur and senna given together to the mother mildly purge the child.

**Turpentine.**—The milk had a strong odour, but was not otherwise altered, and when the child was put to the breast it sucked with avidity. The effect of the turpentine was noted in the infant's urine.

In an exhaustive article on the same subject in the January number of *Ziemssen's Deutsches Archiv für Klin. Med.*, Dr. Stumpf's conclusions are as follows:—

(A) Changes in the quantity of the milk.

1. Iodide of potassium materially reduces it.
2. Alcohol, morphia, and lead induce no change.
3. Salicylic acid appears somewhat to increase it.
4. Pilocarpin does not augment the amount.

(B) Changes in the quality.

1. Iodide of potash disturbs the function of the glands, and weakens all the constituents of the milk.
2. Alcohol and alcoholic beverages cause a relative increase in the fatty ingredients, but are to be condemned as means for increasing the milk supply.
3. Lead, morphia, and pilocarpin do not alter the quality.
4. Salicylic acid appears to increase the saccharine matter.

(C) Passage of medicinal agents into the milk.

1. Iodide of potassium passes into the milk rapidly. It appears to be in some way connected with the casein, and not to be in solution.
2. In herbivora, alcohol does not pass into the milk.
3. Lead, when administered in small amounts, is met with in traces in the milk, and continues a short time after the medicine has been taken.
4. Salicylic acid, in large doses, is met with in small quantities in the human milk in larger amounts than in that of herbivora.

#### TREATMENT OF WHOOPING-COUGH.

In your January number, Mr. Editor, you quote from the *Edinburgh Medical Journal*, Dr. Macdonald's article on the use of carbolic acid in whooping-cough. Dr. R. W. Powell,

of Ottawa, in an article in the March number of the *Canada Medical and Surgical Journal* of 1880, published a paper on this very subject. He found that the average number of days necessary for cure in the successful cases is 8.1; also that the percentage of failures in 13 cases amounts to 15.3.

Prof. J. L. O. Heubner estimates the relative value of five prominent remedies for whooping-cough, viz.: salicylic acid (inhaled as a spray in a one-third to one-half per cent. solution), chloral, belladonna, quinine, and bromide of potash. From his results it appears that the best remedy for influencing the frequency and severity of the attacks, is the salicylic inhalation, while belladonna has the greatest influence in shortening the disease.—(*Med. Times*, Dec. 31st, 1881.)

#### GRINDELIA ROBUSTA IN ASTHMA.

Dr. Rochester's paper on the treatment of Asthma, read before the King's County Medical Society of Brooklyn, is noticed in the *London Medical Record*, and commented on by Dr. William Murrell in the October number. The results of 60 cases were given. It was of benefit in cases of a spasmodic as well as of a bronchial kind. It may be given either in half-drachm doses of the fluid extract every quarter of an hour during the attack, until the paroxysm subsides, or in from 15 to 20 drop doses in the intervals. Dr. Murrell thinks that *grindelia robusta* is undoubtedly a valuable remedy, and succeeds admirably in some cases of asthma, although in others it signally fails. The liquid extract of Parke, Davis & Co. is said to be a reliable preparation. In a case of asthma, which for the last two years has been under constant observation, it afforded relief after the failure of many remedies, including arsenic, belladonna, ipecacuanha, lobelia, iodide of potassium in half-drachm doses four times a day, citrate of caffeine, jaborandi and pilocarpin, Jamaica dogwood, quebracho and its alkaloid, nitrite of amyl, nitro glycerin, iodide of ethyl, pure terebene, hypodermic injection of atropia and morphia, stramonium and datura tatula, nitre papers, cubebs cigarettes, vapo-cresolene, blisters over the pneumogastrics, and liniments, sprays and inhalations of all kinds.

The editor of the *Therapeutic Gazette* (Dec., 1881) states that this remedy enjoyed a high reputation among the Spanish residents of the Pacific States as a remedy for bronchial affections, and that it was first used in asthma by Dr. Ayres, of San Francisco in 1866. He thinks that it is useful merely in uncomplicated cases, *e.g.*, in spasmodic asthma, but that in cases depending on or aggravated by bronchitis it enters as a very efficient agent in combination with remedies directed to the relief of the complication. Thus,

R. Ext. grindelæ robustæ fluidi . . . . . ʒi.  
 Ext. belladonnæ fluidi . . . . . ʒss.  
 Potassii iodidi . . . . . ʒij.  
 Potassii bromidi . . . . . ʒiii.  
 Syr. pruni Virginianæ . . . . . ʒiii.  
 Aquæ dest. ad . . . . . ʒviii.

M. Sig.—A tablespoonful three times a day during the intervals of the paroxysm.

#### SALICIN AND SALICYLATE OF SODA IN RHEUMATISM.

This is a subject which cannot fail to interest the medical practitioner. Lately, some new articles have appeared tending to confirm the praise bestowed upon these compounds. Dr. Sydney Coupland, Physician to the Middlesex Hospital (*Lancet*, Jan. 7, 1882), gives an analysis of 86 cases, of which 4 were treated partly by salicin and partly by other methods. The conclusions arrived at are as follows:—1. In the majority of cases salicylate of soda speedily reduces pyrexia and the articular pain of acute rheumatism. 2. That unless the administration be long continued, relapses of pyrexia and of joint affection are liable to occur. 3. That such relapses are not wholly prevented from arising during the administration of the drug, and that in some cases they are distinctly due to the lack of proper precaution in matters of diet and rest, owing to the freedom from acute symptoms enjoyed by the patient. 4. That the best method of its administration is in regulated doses, gradually diminished both as to amount and frequency. 5. That no definite influence upon the cardiac or other complications can be observed, and that, indeed, both pericarditis and endocarditis may develop whilst the patient is under its influence. 6. That the

toxic effects described are serious, in proportion to the largeness of the dose, and, perhaps, to the state of impurity of the drug, but that a few seem very tolerant of it. Its alleged depressing action on the heart has to be proved by experiment and may be due to the soda. 7. Salicylate of soda is certainly anti-pyretic, and to a considerable degree anti-rheumatic. That its employment does not appreciably diminish the time necessary to keep the patient at rest more than under other methods of treatment, but that the immense relief given by its use in the abatement of pain and fever—a relief not to be estimated by statistics—renders it by far the most valuable remedy for the disease at present known.

Dr. T. J. MacLagan in the same journal contributes a paper on this subject also, or rather the editor inserts in the form of original matter the remarks he made at the discussion of the Medical Society of London on Dec. 19th, 1881. It is insisted that, to obtain good results, large doses must be given. The larger the quantity that can be thrown into the system, the more rapid will be the destruction of the poison. What is wanted is the presence in the blood for some time of as much of this anti-rheumatic agency as can well be borne. Of the salicyl compounds, practically, we deal only with salicin and salicylic acid (generally given as salicylate of soda). Disastrous results have been recorded from the use of the latter—delirium, insanity, prostration of the vital powers, syncope, and even death. Salicin is equally powerful as an anti-rheumatic, but it produces none of the deleterious effects of the salicylates. In several cases, some of which he has recorded, he has given full doses of salicin to patients suffering from the depressing and disturbing action of salicylate of soda; and under its use (though, of course, not in consequence of it) the depressing effects of the salicylate have disappeared. As to relapses, Dr. MacLagan thinks that in many cases they are due to the too early abandonment of the salicyl treatment, and also that rheumatism is often not a continued but a remittent disease, and that mild cases are but the natural intermissions of the disease. The knowledge that the symptoms are apt

to recur is a reason for going on with the salicyl treatment till all danger of an intermission is over. Hyperpyrexia is regarded as being no essential part of the rheumatic process, but as peculiar to the individual in whom it occurs. Salicyl compounds are quite inoperative in it. The external application of cold is the remedy for this condition.

#### TREATMENT OF OBSTINATE HICCOUGH.

A writer in the *New York Medical Record* reports success by the administration of 25 grains of common salt. As we all know there are very many remedies used in this distressing condition.

Hippocrates' aphorism, "Sneezing coming upon hiccough cures it," ought to give us a hint as to treatment. Since I noticed this old statement I have not had an opportunity of testing its truth. Perhaps some reader of this journal may make a note of it and report his results.

#### CODEIA IN DIABETES.

A paper on this subject was read before the British Medical Association by Dr. R. Shingleton Smith (*British Medical Journal*, Sept., 1881, p. 474). It is stated to be almost a specific, and should be the first remedy tried, being given in fairly large doses until some physiological effect is produced. Some of those present stated they had given as much as 10 to 15 grains, thrice a day, with benefit, and others that even 1 grain a day had caused unpleasant symptoms. It was suggested that it acted on the medulla, whence the original mischief that produces diabetes was supposed to spring. This speculation is favoured by the fact that codeia is valuable in cough.

Dr. Lauder Brunton advises that the drug be given in doses of a quarter to half a grain three times a day.

#### HYPODERMIC INJECTION OF WATER.

This question, so much discussed a few years ago, is again brought before the notice of the profession by a Venezuelan physician, Dr. Ponte (*London Medical Record*, Nov. 15th, 1881). His cases were intercostal neuralgia, toothache, gastro intestinal neuralgia, &c. No doubt the good effect noted in these cases is

due to the effect of the puncture, or perhaps to local nerve-stretching by the water. In cases where there is really severe pain this plan I have myself found worthless. I tried it in a case of abdominal aneurism encroaching on the lumbar vertebrae. The fraud was instantly detected. On the other hand, it answered admirably in the case of an hysterical old man who was suffering from cramps in the belly after an apoplectic seizure. A few drops of water injected into the arm gave great relief, but here a great deal of the pain and irritability was due to bad temper. I should like to hear more of the method of acupuncture. It seems a most convenient mode of treating lumbago and allied affections.

#### ERGOTINE IN THE NIGHT-SWEATS OF PHTHISIS.

Professor J. M. Da Costa, in a clinical lecture delivered at the Pennsylvania Hospital, pronounces ergotine the remedy best calculated to relieve this troublesome complication. Dr. Da Costa finds ergotine possesses some of the certainty and permanence of action of atropia, without its drawbacks. The dose is usually two grains, three or four times a day, and by the second night its influence begins to be manifested. The remedy may then be continued, and gradually abandoned; it produces no annoyance whatever, and its good effects continue after it has been withdrawn (*London Medical Record*, Nov., 1881).

#### NECROSIS OF CRANIAL BONES.

(Clinical Lecture at Toronto General Hospital, Session 1881-82.)

BY J. THORBURN, M.D., EDINBURGH,

Surgeon to the Hospital, Lecturer on *Materia Medica*, Toronto School of Medicine.

GENTLEMEN,—The case before you is one of necrosis of the bones of the cranium. Evidently the parietals are very extensively destroyed. So far have these bones succumbed to the process of decay that a large part of the vertex, as you see, is gone, the membranes exposed, and the pulsations of the brain plainly seen. It is seldom that we see such an extensive destruction of the bony covering of the brain. Can we find the cause?

In order to this I will give you the history of the case.

D. M'C—, farmer, aet. 63, admitted to Hospital, October 22, 1881. Born in Scotland, present abode Orillia, County of Simcoe. Is a single man. The family history is good. No hereditary predisposition to disease. Patient has used stimulants moderately, tobacco very immoderately.

*Previous Diseases or Injuries.*—Some twenty-five years ago the patient sprained his back in the lumbar region, has never done hard work since. Has been troubled by indigestion and general weakness for last twenty years. Some two years ago got stung by "poison ivy" in the head, considerable swelling over the left side and vertex resulting. This swelling slowly disappeared in the course of six weeks without treatment. During the summer he was in the habit of sleeping on a bedstead too short for him, and on waking in the morning would occasionally find his head sore from pressure. Also, the cellar ceiling was low and he occasionally struck his head thereon. Was often exposed to the possibility of syphilitic contagion, but denies ever having had syphilis.

*Present Disease.*—In July, 1881, after working one day in the hot sun, felt as though he experienced a slight sunstroke. Two weeks afterwards severe pains, originating in the lower occipital region, and shooting to the vertex, troubled him a good deal. These gradually increased in severity, and were always aggravated by change of position. Afterwards was troubled with twitching of the arms. Appetite became very poor, and after suffering in this way for some weeks swelling appeared on the head, when he came to the hospital.

*State on Admission.*—Complained much of stiffness of neck and swelling of the glands, and it was for this chiefly that he sought medical advice at the hospital. Upon examining the head it was found swollen and boggy over the vertex; complained of little or no pain in the scalp at this time. The tumefaction was such as to lead to the conviction that disease of the bone or periosteum was present.

Respiration, quiet; pulse, 80; temperature, normal; digestion, fair; bowels rather consti-

pated. Treatment: two long incisions were made, one along the vertex over the parietal region; one over the upper part of the occipital. Free hæmorrhage occurred; the bones were found denuded of periosteum and necrosed, a probe could be passed to the dura mater.

Syr. Ferri Iodidi administered, and poultices applied to the openings, secured in place by a capelline bandage.

Nov. 15.—One of the incisions was enlarged. At this time the cavity over the vertex was large, portions of necrosed bone could be picked off by the finger, a considerable surface of dura mater can be seen; the pulsations of the brain are plainly visible.

December 6th.—Eyes examined. Patient says his sight has been failing very much for past two years. An opacity of left cornea is present. Pupils dilatable, but extremely contracted. Opacity of media prevents thorough ophthalmoscopic examination, but a large hæmorrhagic patch is seen in left fundus.

December 10.—Microscopic examination was to-day made for evidences of malignancy, with negative results.

Now, gentlemen, we must endeavour to find the cause of this death of bone; for it is only by finding the cause in such cases as this that we can be sure of treating them properly. The state of matters you see before you may have been produced in various ways,—the various causes requiring entirely different lines of treatment; therefore the question becomes of paramount importance to the patient,—can we, by the most careful study of the history and condition of this man, unravel the difficulties which seem to surround the case? for a casual examination will throw little light upon it; the case is an obscure one, and demands our closest examination.

The condition which is here present might be the result of several causes which I will enumerate.

*First.*—It may be due to some form of carcinoma. In favour of this supposition we have several points: the age of the patient; the extensive destruction of bone, and the enlargement of the glands of the neck, all give a probability to the idea. But none of these circumstances is to be held as pointing absolutely to



malignancy, they are all susceptible of explanation on another hypothesis, as we shall presently see. So it will be advisable to give the patient the benefit of the doubt, and, if we can discover any other probable cause, treat him accordingly. Again, against the theory of cancer, we may put the absence of that cachexia; and the further fact that a most careful microscopic examination of the case, by one of my clinical clerks, failed to reveal any evidences of this form of disease. If not malignant, then, another recognized cause of the death of bones is,—

*Second*.—Struma. Is it strumous? It certainly may be. The appearance of the patient, the extensive destruction of bone, the obstinacy of the case, are all in harmony with this theory.

But on the other hand it may be pointed out, that in struma you find an exceedingly light and oily condition of the affected bone—characters which are entirely absent here.

We proceed now to consider the *third* cause which may produce this condition, namely,—Syphilis. But can we really consider this as a possible cause in the face of the history which we have heard read? In it there is no history of this complaint. The patient himself absolutely denies it. With the exception of two small copper-coloured spots on the leg, an uncertain rash which appeared on his body years ago, and the condition of the eyes, there are absolutely no indications of secondary syphilis.

But we must consider this idea fairly within the circle of probable causes when we remember that, although entirely denying the presence of syphilis at any time of his life, he admits having frequently exposed himself to the risk of contagion.

This peculiar loss of sight, with such ophthalmoscopic appearances as were made out, are certainly not against this hypothesis. And the rash on the abdomen (probably roseola), the spots on the leg, the condition of his head after the poisoning, are all confirmatory points. And the present state of the patient points in this direction. The bones affected are just those we expect to be attacked in syphilis. The destruction is extensive, both tables are gone, and the appearance is what we would expect in the breaking down of gummata.

The enlargement of the glands of the region is probably due to one of two causes—we have, for the present, set aside cancer—it may be due to syphilis. Again, in tertiary syphilis, the tolerance of large doses of pot. iodid. is remarkable,—the good effects resulting are often very great. Now, although it is too soon to speak of results in this case, we can at least say he bears large doses well, in fact, I note a slight improvement since this drug began to be exhibited.

On a general and careful review of all the circumstances, I am inclined to pronounce this case one of syphilitic necrosis. At the same time, it must be admitted, that the difficulties of arriving at a tolerably satisfactory diagnosis are exceedingly great.

The prognosis must be guarded. The condition of the patient is not such as to inspire hope. But if the improvement now noted under anti-syphilitic treatment be maintained for the next few weeks, I shall have reason to anticipate a successful issue.

The further history of the case is as follows:

January 10.—Previous examinations of urine having shown absence of albumen and sugar, it was to-day examined microscopically. A few disintegrated granular casts are seen; fatty degeneration evidently going on in some of them.

Patient has been going about—in a weak and listless manner—through the day, occasionally, up to this time.

January 12.—Pot. iodid, grs. xx. t. i. d., ordered some time ago. Some improvement manifest.

January 20.—Had three epileptiform fits.

January 24.—Has been confined to bed for some days. Dorsal decubitus constant. Semi-comatose. Respirations quick and shallow, forty per minute. Slight cough. Expectoration considerable mucus with difficulty. No difficulty in deglutition; no pain, paralysis, or anæsthesia. No œdema of limbs, but slight puffiness of face; is very feverish.

January 25.—Died early this morning, having had no remission of the comatose condition noted yesterday.

At the autopsy made the same day, by Dr. Sheard, the diagnosis of the case was remark-

ably confirmed. Extensive necrosis of the parietal bones along the vertex, of the upper part of the frontal, and of a large part of the occipital was found. The syphilitic deposit was found to have occluded the periosteal vessels, a gradual process of necrosis of the bone below consequently resulting. Along the vertex, under the remains of these necrosed portions, the membranes were found greatly thickened, and matted together by the extensive inflammatory exudation into the parts. The thickened mass measured superficially about  $2\frac{1}{2}$  by 3 inches, and was at least one-half inch thick at its thickest part. Its upper surface was covered by spicules of bony matter,—the debris from the necrosed bones above. The middle meningeal arteries were found to be totally occluded, this condition also being due to the syphilis.

The case was considered, from its pathological anatomy, to be a typical one of syphilitic necrosis.

#### CASE OF RUPTURE OF UTERUS.

BY L. M'FARLANE, M.B.,

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School of Medicine.

Mrs. K—, aet. 26, at her third labour. Before her marriage, five years ago, she had cough and hæmoptysis, which lasted for five or six months. The first two labours were normal in every respect and the getting up satisfactory. During the present gestation she complained constantly of pain in the left iliac region, and on one or two occasions there was some dyspareunia, otherwise her health has been excellent. One or two weeks before labour set in there was a little coloured discharge, which ceased on lying down, but which necessitated the use of a napkin. This was succeeded by a thick, greenish discharge, which continued until the commencement of labour. Pains came on about 9 a.m. of Tuesday, Feb. 7. She ate a hearty meal about noon. At 3 p.m. the pain began to be severe and expulsive, and continued until about a quarter to six o'clock. She was seen about a quarter past six, lying on her left side, spoke rationally, and complained only of a pain about the fundus uteri; said

that she could not move to the edge of the bed on account of the severity of this pain. An examination immediately revealed the head well down in the pelvis in the second position. After waiting ten or fifteen minutes for the recurrence of pains, the hand was passed over the abdomen to discover the source of the constant pain of which she complained, it was then noticed that she was very pale, the radial pulse was wanting. The patient then complained of feeling very weak and faint, the pillows were removed; she became very restless, some brandy was administered. Exclaiming that she was dying, she raised herself on her hands to get breath, fell over, and within five minutes was dead.

Autopsy twenty hours after death. The body was that of a well-nourished woman. The abdomen protuberant; on palpation, the fœtus could be felt lying obliquely in the abdomen, the breech well up under the ribs on the left side. A firm lump could also be felt below and to the right of the umbilicus. On cutting down to the peritoneum the cavity was found filled with bloody fluid and some clots. The fundus uteri was immediately to the right of the umbilicus; the placenta was lying in the abdominal cavity, partially extruded through a rent in the uterus. The body of the fœtus was lying in the left side of the cavity, the head still in the pelvis. By carefully following down the rent in the uterus it was found to extend from the fundus posterior to the attachment of the left broad ligament trending slightly forwards down through the cervix. There was some hæmorrhage between the folds of the broad ligament, and the peritoneal covering of the uterus was to a slight extent dissected off by blood. The rupture extended through the site of the placental attachment. The uterine walls were slightly thinner and perhaps softer than natural, though they did not tear very easily. The membranes were adherent, but peeled off, somewhat like the capsule of a granular kidney. The left ovary was cystic entirely, and about the size of a walnut; the right ovary normal, and in it was the corpus luteum. The bladder was full of urine. The child was a female, of fair size, and well nourished. About two quarts of clots and bloody fluid were sponged out of the abdominal cavity. Microscope showed granular and fatty degeneration, with inflammatory exudation in neighbourhood of rent

## EPITHELIOMA OF TONGUE; REMOVAL BY THE GALVANO-CAUTERY.

BY W. T. AIKINS, M.D., LL.D.,

President ; and Lecturer on Surgery, Toronto School of Medicine,  
Surgeon to Toronto General Hospital, Central Prison, etc.

A. R., æt. 56, Scotch, tall, spare, living at Woodstock. Had always been healthy ; was a heavy smoker for twenty-five years. In Feb., 1881, first noticed something amiss in his tongue, which appeared to be a small thickening or lump on its left side near the base. Was under the care of Dr. Welford, who soon pronounced it epithelioma, and advised its removal.

First seen by Dr. Aikins in October, when he found an ulcer with hard everted edges (evidently an epithelioma) where the thickening was first noticed by the patient, and decided to operate at once. On the 22nd of October he performed the operation of partial excision of the tongue, being assisted by Drs. Welford, and W. H. Aikins. Dr. A. H. Wright administering the chloroform. The mouth being kept open by an ordinary gag, he removed the posterior two-thirds on the left side with the galvanic-cautery wire. The incision was extended into the pharynx removing a large portion of the anterior pillar of the fauces, and every care was taken by keeping close to the jaw, and including mucous membrane and some sub-mucous tissue between the tongue and the jaw, as well as going back into the pharynx, to leave none of the new growth remaining. It was suspected that one or two of the glands were involved, but a careful examination showed that this was not correct. The operation was tedious (occupying about three hours) and it was found very difficult to get well behind the growth. There was little or no bleeding and no mishap of any description.

The after-treatment consisted simply in washing the mouth with carbolized water. The patient was kept under observation by Dr. Aikins in Toronto for six days, at the expiration of which he went home.

Patient again seen by Dr. Aikins, February 14th, 1882, nearly four months after the operation and the condition of his mouth was found to be most satisfactory in every respect. The

wound was thoroughly healed and looked perfectly healthy. There was very little deformity considering the amount of tissue removed, and there was no sign of any recurrence of the growth in the mouth or throat—no enlargement of the glands—speech but little impaired. The patient was remarkably well in every respect, very cheerful, and *grateful*.

## Selections: Medicine.

### MORAL INSANITY.

Dr. Savage gives a vivid and interesting picture of that obnoxious form of cerebral disease, *moral insanity*. The American public has recently had opportunity of learning, through the newspapers, the views of certain well-known alienists who have disclaimed belief in the existence of such a form of disease. And yet nothing is more familiar to the student of insanity than alteration of the moral sentiments from disease. No late writer on the subject, whose opinion is worth consulting, has failed to recognize the existence of moral insanity as a well-established fact ; while perhaps no person is capable of being intellectually complete and morally defective, yet the intellectual defect may be so slight or so unimportant that it would not of itself cause loss of self-control, and may be practically disregarded. The expert witness who denies that moral insanity exists, who, in the face of such careful and conclusive authorities as the late Dr. Ray and many others, declares that criminal acts are always criminal, that kleptomania is always stealing, and dipsomania is always drunkenness, and nothing more, is himself in danger from a certain unwholesome self-conceit that might itself be likened to moral insanity. Such obloquy has been thrown on scientific authority of late, as tending to shield the really criminal from punishment, that it requires a peculiar manliness to concentrate the mind on the truth, and give it impartial utterance, without allowing sympathy for the criminal or prejudice against him to warp the presentation. Dr. Savage opens one question which, fully discussed and decided by both the medical and the legal professions, would do much to bring those who are utterly at variance as to this form of disease into

harmony. It is, whether morally insane patients should not be treated, in many instances, where crimes have been committed, in an intermediate manner, neither with the severity of the jail (or the scaffold) nor with the comparative luxury of the asylum. The recognition of a *modified responsibility*, by reason of mental disease, by the courts, and by those who frame the laws, would do much to secure an efficient administration of justice. To the obvious objection that it would be difficult to judge of the degree of responsibility in a given case, it may be replied that a court of justice does not assume to be a *perfect* instrument, but only to come as near the right as is possible; and in dealing with this condition, a modified or partial responsibility, it would not be grasping at an abstraction, but contemplating a *fact*; for no one conversant with the insane as seen in asylums would deny that many of them practice self-control, yield to and resist temptation, indulge and restrain passion. In fact, the key-note of successful moral treatment of the insane is the endeavor to inaugurate and cultivate this very pivotal function, self-control. In dealing, then, with a *fact*, there seems to be no reason why a court should not arrive at as reasonably just a result, through the testimony of those who are familiar with disease, as by setting up the wholly erroneous principle that a man must be wholly responsible, unless his mind is so completely overthrown that he has no glimmer of perception of right and wrong. The right-and-wrong test was put out of court by the most eminent justice of Massachusetts courts, many years ago, but we still hear the echo of it in the deplorable chaos of a trial which has been wearily dragging on in Washington.—*New York Medical Journal*.

Albumen water is recommended as a good substitute for milk and beef-tea, in cases where these substances disagreed with the patient, or could not be obtained. The preparation is largely used by the French. It is made by dissolving the white of one or more eggs in a pint or two of water, sweetening with glycerine, and flavouring with orange-flower water. It may be taken cold and used *ad libitum*. It is an excellent food in typhoid fever and typhoid dysentery.—*Dublin Jour. of Med. Science*, Sept., 1881.—*Medical News*.

#### FELTZ AND RITTER, ASTASCHEWSKY, AND DEMJAKOW, ON THE PATHOLOGY OF URÆMIA.

Feltz and Ritter (Paris, 1881) have come to the conclusion, on the basis of a large number of experiments, that the phenomena of uræmia are due to the accumulation in the blood of the inorganic constituents of the urine, especially the potash salts. They found that, in animals whose renal arteries were tied, the longer they lived the more urea, creatine, and ammonia were found in the blood; but that the introduction of these salts into the blood of animals whose renal arteries had been ligatured, did not hasten the uræmic symptoms, while the injection of fresh urine did. This was not from simple increase of blood-pressure, as similar quantities of pure or acidulated water gave negative results. They reckoned the quantities of urea, urates, hippurates, creatine, creatinine, leucine, tyrosine, taurine, anthine, etc., which would be formed during three days (the time in which death usually followed after ligature), and found that injection of this quantity of each produced no effect. The same negative results followed the injection of the ammonia derivate, of the extractives, urea, and urinary ferment, also chloride, sulphate, and phosphate of ammonia. On the other hand, urine, from which the organic substances and earthy salts were removed, was rapidly fatal, and was so in proportion to the amount of potash salts contained in it. Also, they found the same results from the injections of fluids containing potash; for example, they found that a dog, weighing 15 kilogrammes, was killed by a dose of chloride of potassium equal to two decigrammes per kilogramme of body weight; others were killed by 10 to 15 centigrammes. The minimum dose of phosphate of potash was rather larger, 25 centigrammes per kilogramme. With chemically pure solutions, the toxic action was still more marked and quicker. The soda salts were innocuous in doses of 1 gramme per kilogramme. The earthy salts were so equally. Finally, an increase of the potash salts in the blood was found in the animals dying of uræmia from ligature of the renal vessels.

Astaschewsky (*Petersburger Med. Woch.*, No. 27, 1881) had independently come to the same

conclusion as the above. He found no effect from urea or creatinine, whilst the injection of the mineral salts of the urine, in amount equal to the three days' equivalent, caused uræmia. When the potash salts were removed, no decided effect followed.

Demjakow (*Petersburger Med. Woch.*, No. 28) observed a uræmic patient with a strong ammoniacal odour. He injected urea and ferment without distinct results, until he used the three days' equivalent. Pure urea hastened the uræmic attacks by twenty-four hours. Urea and ferment produced attacks in twenty to forty minutes; simple ferment gave no result. Ammonia was never found in the blood or expired air during the attack, but often, in the former, after death. He frequently obtained no conclusive results from his experiments.—ROBERT SAUNDY, M.D.—*London Med. Record*.

#### THE NERVE-ELEMENT IN WHOOPING-COUGH.

Of late years the profession has bestowed very little, if any, serious scientific attention on some of the commonest of common maladies. Whooping-cough is conspicuously among the neglected ills to which, notwithstanding the forgetfulness of the multitude of earnest clinical investigators, flesh is still heir. Many years ago the nerve-element in this troublesome and too often evil-working, if not in itself dangerous, affection, engaged much consideration, and treatment was specially directed to its relief. It would be well if the investigation of this feature of the etiology of the affection could be resumed. The fact that pertussis belongs to the class of maladies which are communicable and "catching" does not take it out of the range of probability that the specific action of a morbid poison on the nerve centres may be the efficient cause of the disease. Although the occurrence of the affection happening rarely more than once in the life of any individual may seem to point more directly to the fertilising of latent germs in the organism than to any special excitation of the nerve centres, we do not, as yet, know enough of the *modus operandi* of morbid influences—"germs," or poisons as we call them—in the blood and the tissues to

define the part which the nerve centres play in the production of morbid phenomena. In any case, such relief is frequently obtained even in the earliest stages of whooping-cough from mild periodic counter-irritation over the whole length of the spinal column by a mustard-poultice, which merely reddens the skin without vesication, that it would be well worth while to study this method closely from the therapeutic as well as the clinical standpoint. It certainly does good; but how? In cases where the mustard-poultice, applied for six or eight minutes—not longer—over the whole length of the spine immediately before putting the child to bed every night, for a week, or, in seriously spasmodic cases, a fortnight, does not procure a permanent amelioration of the cough, the effect of this remedy is enhanced by sponging the spine with iced water quickly each successive morning. In cases where the paroxysms of cough seem to be repeated and to continue from sheer exhaustion of the nerve centres, coffee, administered as a drink, will often stimulate the energy of the centres so as to put an end to the malady. These are practical points which require theoretical explanation.—*London Lancet*.

#### PNEUMONIA, DIPHTHERITIC GASTRITIS.

STATED MEETING, JANUARY 6, 1882.

Dr. Osler exhibited (Montreal Medico-Chirurgical) the specimens, which were taken from a man aged sixty-six, who was admitted to the General Hospital with great shortness of breath and prostration, and died in six hours.

Dr. Bristowe, of St. Thomas' Hospital, was the first to describe diphtheritic inflammation of the alimentary canal in pneumonia; he met with it in the colon in two out of thirty secondary, and in four out of sixteen primary pneumonias. Dr. Osler, in about fifty autopsies in primary pneumonia, had met with five instances of croupous or diphtheritic colitis. This was the first specimen in which the stomach was affected. In connection with this, he called attention to the frequency of the so-called diphtheritic endocarditis in pneumonia; thirty-eight per cent. of the cases which he had

analysed occurred with inflammation of the lungs. The extreme distention of the stomach had probably taken place during life and in connection with the gastritis; it doubtless assisted in bringing about the fatal termination by embarrassing the heart and compressing the healthy lung.

The President, Dr. Ross, remarked on the latency of pneumonia in old men, and on the special liability of these cases to sudden death from heart failure.—*Medical News*.

PROPER WAY TO GIVE ACONITE. — In the *London Medical Record*, Dr. William Murrell makes some judicious observations on the correct plan for administering aconite so as to secure its most advantageous action. He observes that aconite does act best in small doses frequently repeated. Many practitioners get no good from aconite because they do not know how to use it. The dose of the tincture recommended in the *British Pharmacopœia*—from five to fifteen minims—is absurdly large, and no one with any respect for his patient's safety, or his own reputation, would think of giving it. The best way is to put half a drachm of the tincture in a four-ounce bottle of water, and to tell the patient to take a teaspoonful of this every ten minutes for the first hour, and after this hourly for some hours. Even smaller doses may be given in the case of children. The great indication for the use of aconite is elevation of temperature; the clinical thermometer and aconite bottle should go hand in hand. If properly used, aconite is one of the most valuable and indispensable drugs in the *Pharmacopœia*.—*Kansas Medical Index*.

HAMMOND ON THE THERAPEUTICAL USES OF NITRO-GLYCERINE.—At a meeting of the *New York Neurol. Soc.*, held on Oct. 4, 1881, Dr. W. A. Hammond read a paper on the therapeutics of nitro-glycerine. He had used it with much success in the treatment of migraine. A very severe case was described. Previous remedies had done no good. One drop of the one per cent. solution was given; pain almost instantly ceased, and in fifteen minutes the patient was up and well. Five days later she had a similar attack, which was cured as before. She was

then put on a regular course of the drug, and for the last nine months has not had a single attack. It was given in from fifteen to twenty cases, with the most complete success. He was satisfied that it was of use in epilepsy, and often gave it in the status epilepticus when the bromides and other remedies had failed. A child who had suffered from epileptic attacks three or four times a week for two years, was cured by drop-doses of the one per cent. solution. He had also used it with benefit in angina pectoris.—WM. MURRELL, M.D.—*London Med. Record*.

ON THE DIAGNOSTIC VALUE OF ALVEOLAR PERIOSTITIS OF THE JAWS IN SACCHARINE DIABETES.—M. Magitot read under this title a memoir of which the following are the conclusions: (1) A roughness of the alveolar border known as alveolar osteo-periostitis is a constant sign of saccharine diabetes. (2) This manifestation of diabetes which occurs at the beginning of the disease, and which persists throughout its course, acquires in certain cases a pathognomonic importance. (3) In the first stage of diabetes the alveolar lesion is characterized by deviation of the teeth. In the second stage there is loosening of the teeth and alveolar catarrh. In a more advanced stage there is falling out of the teeth, and finally there is absorption of bone consecutive or not to partial gangrene of the gum. This last sign is critical, and but shortly precedes death.—*Gazette des Hôpitaux*.

CURE OF GOITRE BY FLUORIC ACID.—Dr. Edward Woakes gives, in the *Lancet*, a detailed account of a number of cases of goitre cured by fluoric acid internally. He begins treatment with fifteen minims of a one-half per cent. dilution of the acid three times a day, and, if necessary, increases the dose to twenty, thirty, forty, or even seventy minims, and extends the time to several months. His results are quite remarkable, even in cases that had resisted iodine, bromine, iron, etc. In a few it was conjoined with injections of tinct. iodine. Very few failed to be reasonably benefitted, and in eighty-five per cent. the cure was decided.—*Louv. Med. News*.

**TESTS OF INSANITY.**—The clinical investigation of mental disease is just as precise and elaborate a process as the clinical examination of a case of physical disease. The scientific medical psychologist does not ask a few capricious questions, and either guess the state of the cerebrum or arrive at the truth by some intuitive genius. If he is what he professes to be, he tests each function of the brain separately, trying it by definitive tests and standards, and thus ascertains the condition of the organ as a whole. If science has not placed the brain on a footing with the liver and the kidneys as regards the study of its functions, it has done nothing. It is important that this should be clearly recognized. In a word, psychology is *psychology*, so far as the physician is concerned; and no man can be anything else than a charlatan in mental practice unless he is a physiologist.—*Lancet*.

**MILK DIET IN BRIGHT'S DISEASE.**—During the last few years milk diet has been recommended by many in the treatment of Bright's disease, and yet we fear sufficient importance is not attached to it by the profession. The *Philadelphia Medical and Surgical Reporter* says, "That Dr. Wm. Mitchell of that city, who employs it largely, is quite an enthusiast on the subject. He uses thoroughly skimmed milk and confines his patients strictly to this food, i.e., allows them nothing but the milk, and continues such treatment for a long time. When the milk disagrees with the stomach, he puts the patient in bed, and commences with small doses, one tablespoonful with some lime-water, and gradually increases until he is able to take eight or ten pints of milk during the day, and absolutely nothing else."

**ADMINISTRATION OF TURPENTINE.**—Turpentine, which is often of value in typhoid and other adynamic fevers, is a very difficult remedy to administer. Stokes (*Lectures on Fever*) used to administer it in combination with egg-nogg. The *Courrier Medical* proposes the following formula which, it claims, destroys the taste and odor: Essence of turpentine, two drachms; sulphuric ether, forty-five minims; these should be thoroughly mixed, after which an ounce of

orange flower syrup and four ounces of water are to be added. Of this mixture a dessert-spoonful should be given every two hours, or according to the indications.—*Chicago Medical Review*.

At the Medical Society of the Hospitals M. Kiéner read a report of the case of a man 34 years of age, who, after taking 60 grammes of pomegranate root, followed in two hours by a dose of castor oil, passed 720 grammes of tænia. The fragments placed end to end measured 70 metres, and there were 27 heads of tænia unarmed counted. M. Kiéner recommends the dose of oil to be given not longer than two or two and a-half hours after the pomegranate root as the tæniifuges do not kill the worm, only stupefy it, and they hold loosely to the mucous membrane.—*L'Union Médical*.

**SIMPLE CONTINUED FEVER.**—R. Acid. Hydrobrom., ʒi; Syr. Simplic, ʒii; Aq. ad. ʒi. M. Sig. Every hour.—Fothergill. Dr. Fothergill, in speaking of the above formula, says it will probably constitute, *par excellence*, the fever mixture of the future. It is especially indicated where there is cerebral disturbance.—*N. Y. Med. Record*.

**TROPHIC NERVES AND NERVE CENTRES.**—*Brain*, says Jarisch, of Vienna, has made the interesting observation that the anterior cornua of the cord were variously diseased in several cases of skin disease, viz.: Herpes iris, long-standing psoriasis, and acute lupus erythematosus.—*Centrlft. f. d. Med. Wiss.*

**NEW METHOD OF PREPARING THE SPINAL CORD FOR MICROSCOPIC SECTIONS.**—Debove recommends in the *Archives de Neurologie* the following method:—Place the cord in a 4 per cent. solution of bichromate of ammonia for three weeks, then in a solution of phenic gum for three days, and for three days more in alcohol. Sections may then be cut with great facility. They should be placed in water to prevent curling. They are then immersed in a saturated solution of picric acid for twenty-four hours, and coloured with carmine for about twenty minutes, the picric acid acting as a mordant.—*British Medical Journal*.

## Surgery.

### A NEW METHOD OF TREPHINING THE SKULL AND OTHER BONES.

BY JOHN B. ROBERTS, M.D.,

(Class of 1874.)

Lecture on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy.

A short time ago I became cognisant of the method used by Prof. James E. Garretson for the removal of the coccyx. This he effects by uncovering the bone and grinding away with the Bonwill surgical engine armed with a burr. A few days later, by his invitation, I saw him remove in a similar manner the right superior maxilla, which was the seat of an antral exostosis. The delicacy of manipulation, the absence of facial scarring, and the undoubted power of the engine, combined to give me a very high appreciation of its possibilities. Especially was this the case because my experience some three years ago with the so-called dental engine in surgical operations on bone, was very unsatisfactory.

During Dr. Garretson's operation some one of the bystanders suggested to me that the engine might be used for trephining, and, as I had shortly before been teaching this operation to my class, I was struck with the idea. It has been heretofore suggested, I believe, that the engine might be employed to drive a trephine, and thus cut out a disk or button of bone.

My idea, however, was that, as the ordinary trephines are usually of too great diameter, and cause larger openings than are required for the insertion of the elevator, it would be practicable to bore a small hole in the skull by using in the engine a burr cut or roughened on its flat extremity.

As no patient was at hand I utilized a cadaver for the experimental demonstration, and fractured the skull by means of a hatchet. I found that the burr called by dental instrument makers a fissure burr, and which has a cut face, answered admirably. I applied it to the sound bone at the edge of the depressed fracture, and found that I could quite readily make a circular cavity in the outer table. This was carefully deepened until the vitreous table

was perforated. As there was no disk to remove, and as the burr which I kept moistened with water, dropping from a cloth, threw out all bone-dust, the depth and character of the perforation were readily watched. When the skull was thus pierced by a round orifice about one-quarter of an inch in diameter, the elevator was inserted and the depressed fragments elevated and, where loose, removed. Sharp and irregular edges were equally well trimmed smooth or cut away by the burr.

When the rapidly-rotating burr is placed in contact with soft tissues, as one's finger, it can be pressed upon with considerable firmness without abrading the surface, while osseous tissue is quickly ground away. Hence it seems as if the meninges of the brain might be touched by the burr without injury being inflicted, at the time the vitreous table is perforated. In fact, I am inclined to believe that the dura mater would be pushed in front of the burr, and remain practically uninjured. This can only be tested in living animals or human beings, because in the cadaver the brain does not entirely fill the cranial cavity, though the dura mater may remain attached to the inner table. The depressed fracture, moreover, usually pushes the dura mater downward, which would be likely to be torn off from the sound bone nearest the depression.

The ease and success with which the long bones, containing abscess cavities, could be perforated by this method are unquestioned. My experience in once breaking the handle of the ordinary trephine, while endeavouring with difficulty to bore into an abscess in the head of the tibia, makes me hail the improvement with satisfaction.

The method of trephining the skull with the surgical engine of Bonwill, which I believe to be the only one sufficiently powerful, would then be as follows. Pick out a burr one-fourth or three-eighths of an inch in diameter, well-tempered, and having a flat face deeply cut then, fixing it in the mandrel, close up to the hand-piece, have the engine-crank turned with great rapidity. When the skin and periosteum have been dissected up, apply the burr to the sound bone nearest the most depressed portion of the fracture, and at first tilt the burr a little



on the edge until a shallow groove has been made on one side of the proposed perforation. This prevents the burr slipping from the smooth, convex cranium. Keep the burr constantly moistened by means of a wet sponge held over it and occasionally squeezed. When the perforation has been made, use the elevator, as in ordinary trephining. If there is difficulty in elevating or removing the fragments, cut away with the burr, the edges which cause locking. Hey's saw or bone-cutting forceps will not be required.

The ordinary burr furnished by makers of the engine is sufficient, but the face could, with advantage, I think be cut deeper. Instead of the ordinary burr the central portion of the face might be bored out, leaving then a burr that would remove a disk like the ordinary trephine does, and which might also be made conical. These changes, however, would be of doubtful advantage, though I shall probably experiment with this form of burr.

The use of the surgical engine for perforating the cranium is, as far as I know, novel, but it is very possible that others may have experimented on the cadaver or living subject and found similar results.—(*Phila. Med. Times*, Dec. 31st, 1881.)

#### IODOFORM DRESSINGS.

M. Marc Sée, at the Surgical Society of Paris, Nov. 30th, said: I have for some time employed iodoform for dressing all sorts of ulcers,—for recent wounds, the result of surgical traumatism, in which immediate union is impossible; in lacerated wounds, from which the pus does not readily escape. In this case I fill the cavity with powdered iodoform. Immediately all accidents cease. It is a dressing extremely simple, easy of application; one which has none of the complications of Lister's, and which succeeds at least as well. It has few drawbacks; however, it is expensive, and produces a bad smell,—besides, we must consider the danger of iodoform poisoning, a danger hitherto too little studied.

M. Desprès had employed iodoform for dressing wounds twice, both times the patient thanked his physician. He asked M. Sée how

long ulcers of the leg that he had treated thus took to heal? He guaranteed, for his part, to cure any simple ulcer with rest and poultices. Statistics were necessary.

M. Terrillon had seen, in Vienna, in the service of Billroth, iodoform extensively used in the dressing of wounds,—in fact, all the dressings were made with iodoform, and there was no smell in the wards. They take ordinary gauze, soak it, dry it, and rub in the iodoform. They thus obtain an iodoformized gauze, of easy application to wounds. It is readily rendered inodorous by essence of bergamot or mint, which, however, only lasts for four or five days, and requires renewal.

After an operation on bones M. Billroth closes the wound with the gauze, and leaves the first dressing for seven or eight days. After these eight days there is no odour, and has been no discharge of liquid. The patients thus dressed have no fever. Also, in several cases of total extirpation of the uterus by the vagina, Billroth is said to have obtained very good results by plugging the vagina with the iodoformed gauze, and leaving it there eight days.

M. Verneuil said there was nothing equal to iodoform for soft chancres, both in efficacy and rapidity of action; also in obstinate scrofulous ulcers, with undermined edges. The offensive smell could be overcome by adding equal parts of camphor in powder. In a word, this is a very precious topical dressing.

M. Trélat had long employed iodoform. When Lister's dressing could not readily be obtained in Paris, he then gladly had recourse to iodoform. It is a very good dressing for exposed wounds, it causes in them a firm coagulum, mixed with blood. Suppuration does not occur under this kind of crust.

M. Desprès insisted that equally good results were obtained with every other dressing, and challenged M. Sée to compare statistics.

M. Trélat replied.

M. Desprès said that he merely claimed as good results, not better; and urged his treatment had the advantage of cheapness.

M. Sée, in concluding, related a case of hysterectomy, in which the pedicle had been returned to the abdomen after having been

dressed with iodoform. The result was excellent. MM. Trélat and Verneuil had spoken of the good effects on exposed wounds, he wished, on the contrary, to call attention to the services rendered by it in deep, irregular wounds, difficult to cleanse. These wounds are, to my mind, a veritable triumph for iodoform, which has been claimed as a true specific for tubercle. There have been obtained cures of fungous white swellings, by injections of iodoform, dissolved in ether. Iodoform does not act, as M. Desprès believes, like tincture of iodine, which only acts during some minutes, whilst the action of iodoform is maintained for more than eight days.—*Gazette des Hôpitaux*.

#### SUPPURATING CYST OF LIVER CURED BY A SINGLE PUNCTURE.

At the Clinical Society of Paris, in December, M. Rendu reported a case of this kind. M. Quinquand laid stress upon the fact that the temperature in M. Rendu's case was normal before and after the puncture. Now it is a clinical fact, of which he has been convinced by several examples, apyretic purulent collections, whether they occur in the pleura or in the liver, are often cured by one or two punctures. *Apropos* of this M. Quinquand cited an interesting case which he had observed in the Hôpital Saint Antoine. A patient had been under treatment for a year for cancer of the stomach characterized by a tumour bulging in the epigastric region, and by various mechanical disturbances, notably uncontrollable vomitings. The clinical characters of cancer, however, were wanting: in the first place, the tumour appeared to occupy the inferior surface of the liver, and the hematic lesions observed were not those of cancer; in fact the patient presented 10 to 12,000 white globules per cubic metre of blood, a proportion usual in the leucocytosis of suppuration. Relying upon these features M. Quinquand made the diagnosis of encysted purulent perihepatic peritonitis; and in fact tapping in the prominent region gave issue to 1,500 or 1,600 grammes of pus. There were no consecutive accidents. The very next day an exceedingly good appetite replaced the anorexia and the vomiting which had

brought the patient to a marasmic state, and in eight days there was observed an increment of body weight of  $3\frac{1}{2}$  kilogrammes. After the tapping no deformity of the liver was made out, whence the conclusion that the purulent collection was indeed extra-hepatic.

M. Rendu admitted the comparative frequency of cure of extra-hepatic purulent collections after a single puncture, but he was not aware of any case of similar cure of intra-hepatic abscess. It was in this particular that the interest of his case lay.

M. Delens instanced two cases which confirm the therapeutic conclusions of M. Rendu. In a man affected with an inflammatory swell of the hepatic region regarded by MM. Delens and Duguet as being a suppurating hydatid cyst of the liver, a single puncture made with Potain's aspirator was followed by cure. More recently M. Delens had practised two successive tapplings of the liver in the case of a lady affected with an hydatid cyst; the first time there was an evacuation of two litres of a fluid as clear as water from the rock; the second puncture gave issue to a purulent fluid. Since the second operation, done fifteen months ago, the fluid has not been reproduced. M. Rendu concludes from these cases, and from his own, that facts of this kind have been already observed, but, so far as he is aware, have not been recorded in medical literature.

**TREATMENT OF BULLET-WOUNDS.**—In a report made to the Société de Chirurgie relative to fractures by pistol balls, M. Verneuil declares that for ten years he has always abstained from intervention in wounds and fractures produced by firearms, and he has always been fortunate in this abstention. He is altogether of the opinion of those who think that the part in which the wound or fracture is situated should be immobilised as far as possible, and no attempt made to find the missile. In regions where this immobilisation cannot be effected in a perfect manner, as in the chest or abdomen he applies upon the wound a bit of collodionised gauze, and surrounds the region with a bandage agreeably tightened. MM. LeDentu, Nicaise, Desprès, Anger, Terrier, and Chauvel, expressed similar views.—*L'Union Médicale*.

**VINCENT ON THE TREATMENT OF WOUNDS OF THE BLADDER**—In an original memoir (*Revue de Chir.*, Nos. 6. and 7, 1881) on penetrating intraperitoneal wounds of the bladder, Professor E. Vincent, of Lyons, states that the operation of laparotomy is the only suitable treatment for such injuries when followed by an abundant effusion of urine into the peritoneal cavity. This treatment alone permits—1. Direct inspection of the seat of injury; 2. The determining of the presence and of the nature, if they are present, of complications; 3. Removal from the abdomen of effused blood and urine; 4. Cleansing and disinfection of the peritoneal cavity; and, finally, the prevention of further effusion of urine by applying sutures to the wound through the coats of the bladder. This plan of treatment is rendered justifiable by association with the antiseptic method, and also by the success of laparotomy in abdominal surgery. Moreover, in cases of penetrating wound of the bladder, death is an almost certain result if nothing be done, and even if any treatment short of laparotomy be applied. From an analysis of three reported cases in which wound of the bladder has been thus treated (Walter of Pittsburg, Heath, Willett), and also from the results of numerous experiments on dogs, Dr. Vincent has drawn the conclusions that it is of great importance in instances of this injury to have recourse to laparotomy as early as possible, and that in this plan of treatment particular care must be taken in applying the sutures to the vesical wound. His experimental researches have demonstrated, it is stated, that intraperitoneal wounds of the bladder are capable of healing by primary intention if securely closed by suture, and that this union is accomplished very rapidly by all the coats of the bladder, except by the epithelial layer of the mucous coat. The outer layer of this coat and the muscular coat join together very quickly, yet with less readiness than the peritoneal coat, the proliferation of which commences almost immediately after coaptation. The sutures are applied very closely together, and in a double set. In one set—the sero-muscular—each suture is passed through the peritoneal and muscular coats of the bladder on each side of

the wound; in the other set—the sero-serous—the peritoneum only is traversed, a considerable width of this coat being included on both sides, so that when these sutures are tied wide serous surfaces are brought together in close contact. The mucous membrane of the wounded bladder is not included in any of the sutures. Dr. Vincent concludes from his experiments on dogs that by this plan the wound may be securely closed, and that sutures thus applied will resist vesical tenesmus, and any effort of active contraction or of passive expansion that may subsequently be made by the bladder. There need not, he states, be any fear of subsequent perforation of vesical wall, through formation of fistulæ along the track of the sutures or in the intervals, or of any ulterior deposition of lithates around sutures shed into the cavity of the bladder. The sutures, being intraparietal, remain at or near the outer surface of the organ. In cystorrhaphy the author prefers a suture of silver wire or of silk to one of catgut. The last material breaks too readily, and is likely to melt away too quickly. Before closing the abdominal wound, it is thought necessary to test the security of the vesical suturing by injecting some coloured and indifferent fluid into the bladder. From a series of experiments on dogs, Dr. Vincent has made out that gun-shot wounds, also of the bladder, heal by immediate union after application of sutures according to the above described method, unless the deflagration of the powder, or the heat of the projectile, have destroyed the vitality of the tissues at the edge of the wound, and rendered local gangrene inevitable. In such cases, the burnt lips of the perforation should be removed, and adjacent portions of the vesical walls also excised, until the tissues are seen to bleed on section. Dr. Vincent states that, in his experiments on dogs, he has now proved that, as a rule, immediate union results from the immediate application of sutures in intra-peritoneal wounds of the bladder by laceration, and through the action of cutting instruments and fire-arms. In such cases, laparotomy, with suturing of the bladder and removal of blood and urine from the abdominal cavity, is likely to prove successful on the dog, when performed in eight

hours and a half after the receipt of injury; but in Dr. Vincent's hands, always failed after an interval of twenty-four hours, the animals having succumbed to urinary poisoning. In conclusion, Dr. Vincent, impressed by the success of his experimental investigations on early laparotomy and stitching of vesical wound, argues in favour of suprapubic over perineal lithotomy, and asks why the former operation, which affords free and ready access, is exempt from the danger of wounding important vessels, and is less likely to result in phlebitis and septic poisoning, is not more frequently practised.—*London Medical Record*.

### ACNE

#### INTERNAL TREATMENT.

If constipation exist, saline or vegetable laxatives should be prescribed in sufficient quantity to open the bowels once or twice a day. An occasional dose of blue pill or of calomel will in some cases prove beneficial. Where there is a furred tongue and disorder of the stomach and bowels excellent results may be obtained from the following:—

R. Magnesiae sulph., ʒiiss; ferri sulph., gr. xvj; acidi sulphurici dil., ʒii; aquae, ʒviij. M. Sig. Tablespoonful of a gobletful of water.

#### LOCAL TREATMENT.

R. Sulphur. praecipitati, ʒj; glycerinae, ʒss; adipis benz., ʒj; ol. rosae, gtt. iij. M. Ft. ungt. Sig.—To be thoroughly rubbed into the skin at night.—*DUHRING*.

Or, Sulphuris loti, ʒj; ætheris, ʒvj; alcoholis, ʒii jss. M. Sig. Apply as a lotion. Shake the bottle before using.—*BULKLEY. Quarterly Epitome*.

**TORTICOLLIS—RESECTION OF SPINAL ACCESSORY.**—M. Tillaux, at the Academy of Medicine, mentioned the case of a young woman, thirty-two years of age, who had been suffering for some months with the following phenomena: As soon as the head was left to itself it was carried towards the right shoulder, the chin deviating to the left, in the attitude of torticollis. This motion was accompanied by a sharp pain in the superior vertebral articula-

tions. She had been subjected to treatment by electricity, magnetism, metallotherapy, iodide of potassium, bromide of potassium, and division of the sterno-mastoid, and mechanical appliances, without benefit. M. Tillaux then suspecting that the spinal accessory nerve was the cause of these troubles determined to resect it. Drawing two horizontal lines, one through the angle of the jaw, where the nerve leaves the parotid gland, and the other through the upper border of the thyroid cartilage, he made an incision between these two lines, dividing the skin, subcutaneous cellular tissue, and platysma. Having reached the sterno-mastoid, he raised its border, and laid bare the nerve. Raising this with a hook he resected about three centimetres of its length. The wound was closed, and Lister's dressing applied; the result was eminently satisfactory,—the patient receiving relief that she had not experienced for two years before.—*L'Union Méd.*

**IMPROVED DRESSING FOR FRACTURED CLAVICLE**, by Dr. Lorenzo Hale, of Albany. The principle of the plan was the same as that presented to the Society (N. Y. State Medical) in 1870, by Dr. E. M. Moore, of Rochester. It differed from it in being simply a suspender, "back sling," so applied as to bring the fragments into apposition, and leave the clavicle exposed to view:—

Hold one end of a narrow roller bandage against the scapula of one side, passing it under the forearm of the injured side, near the elbow,—the elbow being bent and drawn far back,—thence up the same forearm, across the back to the axilla of the sound side, and then in front of and over the sound shoulder, uniting the ends at the place of beginning.—*Medical News*.

**CYSTITIS.**—R. Acidi benzoici, sodii biboratis, ʒā. gr. x.; Inf. buchu, ʒij. This amount three or four times a day.—A. J. C. Skene. This may almost be called specific in its influence in the earlier stages of Cystitis, affording rapid and lasting relief. The diet should be carefully regulated, and the skin and bowels kept in active condition.—*N. Y. Med. Record*.

**TORSION OF ARTERIES.**—At Guy's Hospital all the surgeons use torsion to the exclusion of the ligature, except sometimes in very small vessels wherein it is difficult to isolate the vessel from muscular fibres. They give a very large statistical showing in its favour. I have seen every kind of amputation there except of the hip-joint, and never a ligature applied to a large vessel. They use no transverse forceps, but seizing the end of the vessel with strong forceps twist it until it is felt to "give way," that is, the two inner coats break. I have often seen six and sometimes ten complete turns given to the femoral artery. Mr. Bryant said, "Doctor, theoretically the twisted end ought to slough off, but *practically it never does*. We have to talk to our students about secondary hæmorrhage, but we do not show it to them." Mr. Lucas told me that for a long time they have ceased to dread or look for secondary hæmorrhage.—*London Correspondent, Boston Medical and Surgical Journal.*

**PAVESI ON CHLORALATED-TINCTURE OF IODINE.**—C. Pavèsi (*Lo Spallanzani*), to further increase the therapeutical powers of the tincture of iodine, adds to it chloral, which dissolves in it without decomposition. The resulting preparation has the property of being miscible with water without precipitating. The proportions of its ingredients are: Iodine (very pure), 20 parts; chloral-hydrate, 30 parts; spirits of wine, strength 36, 140 parts. The solution should be filtered, and kept in an emery polished bottle. The liquid is of pure golden hue, soluble in water, and has an odour and taste which indicates its ingredients. The chlorated tincture of iodine, on account of its marked coagulating powers over albumen, is an excellent hæmostatic, and very useful in the treatment of large wounds as an antiseptic and hypnotic.—*London Med. Record.*

**NERVE STRETCHING IN SCIATICA.**—Billroth treats sciatica by subcutaneous nerve-stretching. The patient is placed flat upon his back, the leg extended, and then the thigh flexed strongly upon the trunk. This puts the sciatic nerve on the stretch.—*N. Y. Medical Record.*

**IODOFORM IN IMPETIGO AND ECZEMA.**—Dr. Squire (*British Medical Journal*), uses iodoform either pure or mixed with an equal quantity of powdered starch; the latter he is inclined to believe, lessens the irritating action of the iodoform. He first softens the scales by bathing them with soap and warm water, and then completely removes them; the new surface is then dried very gently. The iodoform being then very thoroughly powdered is dusted on, after which glycerine is lightly painted over with a camel's hair pencil, which process is repeated during every two hours thereafter.—*Quarterly Epitome.*

**AN ANNULAR VARIETY OF TINEA VERSICOLOR.**—During an unusual prevalence of parasitic skin diseases observed in Hamburg, during the winter of 1879-80, Unna observed a very singular form of tinea versicolor. The spots would begin as circles. While the periphery extended the brownish centre would disappear and an annular form be assumed. These rings showed no disposition to run together. Though the arrangement closely simulated tinea tonsurans, the features of the eruption were those of tinea versicolor.—*Viertelj. f. Derm. u. Syph.*—*Archives of Dermatology.*

**SKIN GRAFTING.**—Dr. Berger (*British Medical Journal*, November 5th, 1881), advocates a method of exciting vascularisation of the flap before cutting it, by covering the skin either with a mustard plaster, or with warm poultices. He claims marked success from this method.

**COLLAPSE OF AN ANCIENT LANDMARK.**—The beautiful old church at Hempstead, in Essex, the well-known resting-place of the remains of the immortal Harvey, has suddenly crumbled into atoms and become of "the things that were and are not, save in retrospect." Dr. B. W. Richardson, writing to the *London Lancet* of the 4th ult., chronicles the event, and makes appeal to the profession "to join in subscribing to the restoration of a structure which, to every true Æsculapian, is of so much interest."

• Midwifery.

CAMPBELL ON THE VALUE OF QUININE IN OBSTETRICS AND GYNÆCOLOGY.

Dr. H. F. Campbell concludes an exhaustive paper (*American Gynecol. Trans.*) with the following remarks:—An exalted reflex excitability of the cerebro-spinal centres, as well as general plethora, may be recognized as a characteristic condition of the pregnant woman from the date of conception to the completion of involution. This provisionally increased development and polarity, intended for foetal and uterine growth, renders the woman during its continuance eminently liable to become the subject of various morbid reflex actions, more or less peculiar to her condition. These reflexes are of two perfectly distinct and dissimilar kinds, differing widely, as they may happen to occur, before or after parturition. During the entire period of pregnancy, and until after labour, the reflexes are of excitomotor character, restricted to the muscular apparatus of the uterus and of general volition. They are apyrexia and non-inflammatory. Their paroxysms threaten premature expulsion of the foetus in pregnancy, and eclamptic convulsions in labour. After parturition, the reflexes are of an exo-secretory character. They are propagated through the ganglionic or vaso-motor nerves, to the blood-vessels and capillaries of the pelvic organs and tissues of the general system. They are marked by fever, congestion, and inflammation, with their products and consequences. Septic fever and peritonitis, with arrest of involution and mammary abscess, are their not uncommon results. Quinine, by its contractile action on the capillaries of the cerebro-spinal centres, exsanguinates their nervous structure, and more than any known agent depresses the reflex excitability from which the varied morbid phenomena of both pregnancy and child-bed originate. Quinine, except in cases of idiosyncrasy, or from an injudicious administration of the agent, exercises no influence whatever to superinduce premature expulsion of the foetus. Moderate cinchonism, adjusted to the type and approach of the par-

oxysmal neuroses which endanger the welfare of the foetus during pregnancy, is one of our most efficient resources in many cases of threatened abortion and of premature labour. During parturition, it may give steadiness to irregular uterine contractions; and, continued during labour, cinchonism is in a most valuable degree prophylactic against threatened eclampsia. The reflexes of child-bed, pertaining as they do, primarily and principally, to the recently evacuated uterus—well likened to an organ in a traumatic condition—opportune and ready for the awakening of fever and inflammation, are of the gravest character, frequently tending to disorganization and death, or else to permanent and irreparable injury. These reflexes constitute a dreaded class of diseases, most commonly called 'puerperal,' which, by universal consent, must be prevented rather than trusted to efforts, often unavailing, for their cure. To this end, the most valuable and reliable prophylactic method will be found to consist in the daily administration of quinine, to the degree of moderate cinchonism, from the day of parturition, to be continued daily until normal involution is safely secured. By the observance of this routine, as a rule, it is believed that the occurrence of puerperal diseases will be largely prevented, and that the rate of child-bed mortality will be greatly diminished. Cinchonism, in its quality of preventing and controlling inflammation, whether traumatic or idiopathic, and of suppressing supuration, all of which is due to its power over reflex excitability of the cord, and its action on the capillaries, has a claim to antiseptic value superior to Listerism, and is less to be dispensed with than carbolic acid, or any of the means and appliances of the recognised antiseptic method. In general surgery, and especially in uterine surgery, as well as after parturition, the combination of carbolized irrigations and applications to diminish peripheral excitability, with persistent cinchonism to depress centric excitability, should constitute hereafter an antiseptic method more trustworthy, generally practicable, and less to be dispensed with than the most faithful observance of the complex Listerian process. [While bearing willing testimony to the value of quinine in lessening the

mortality, and more especially the morbidity during the lying-in state, the reporter regards Listerian precautions as being at least equal in prophylactic and therapeutic power to cinchonism. In the British Lying-in Hospital, the two, Listerism and cinchonism, go together, and are regarded as twin sisters, the one being the complement of the other. In fact, the reporter looks upon cinchonism, by its power of contracting the uterus, as an integral part of the true antiseptic method.—*London Medical Record*.

#### TEMPERATURE IN CHILDBED.

Dr. Napier gives the following conclusions on this subject in the *Edinburgh Medical Journal*, November, 1881:—

1. The average temperature for a few days preceding parturition is  $98.5^{\circ}$  to  $99^{\circ}$ : the subsequent heat is modified by the hour of delivery, but to only a small extent. The healthy puerperal range is  $2.5^{\circ}$ .

2. No temperature over  $99^{\circ}$  (unless accounted for by individual nervous susceptibility) is normal after four days. The healthy patient may have an occasional night temperature of  $100^{\circ}$  or  $101^{\circ}$  within the first four or five days, but a continuing, or even a morning or day record like this requires an explanation.

3. Slight causes, *e. g.*, constipation, retention of urine, etc., give a rise to  $99^{\circ}$ – $100.5^{\circ}$ , sometimes more.

4. Retention of clots or secundinæ,  $99^{\circ}$ – $101^{\circ}$ , or upwards;  $103^{\circ}$  at times.

5. Weid has a sudden late temperature of  $103.5^{\circ}$ , with rapid pulse; the heat falls quickly with the development of the local affection. Other cases of mastitis are mildly febrile for several days.

6. Metritis (endo- and peri-) gives record of  $103.5^{\circ}$ , with slow pulse.

7. Peritonitis has a single rigor and a sudden early temperature of  $104^{\circ}$  or upwards; the pulse is wiry. General peritonitis, if severe,  $105.5^{\circ}$ – $106^{\circ}$ .

8. Pelvic cellulitis, oöphoritis, parametritis, etc., have a heat of  $101^{\circ}$ – $102.5^{\circ}$ ; the pulse is weak and irritable. Recurrent rigors mark fresh deposits of pus, and are followed by temporary increased heat,  $104.5^{\circ}$ .

9. Pyæmia and uterine phlebitis average  $103^{\circ}$ , perhaps more. Cases in which the veins are rapidly affected are soon  $104.5^{\circ}$  to  $106^{\circ}$ , and end speedily. Pyæmia is frequently late in development, 7 to 10 days.

10. Septicæmia varies from  $102.5^{\circ}$ – $107^{\circ}$ . The heat is never less, at least for some period of the twenty-four hours, than  $102.5^{\circ}$ , if the case is properly established. The temperature is liable to variations, but after the norm has been reached is less so than pyæmia. There is no security from remission till the night temperature is under  $100^{\circ}$ . Recovery may take place after  $106^{\circ}$ , but is rare.

11. Mental emotion may show  $104^{\circ}$  or even  $106^{\circ}$ , and we may sometimes have in addition symptoms resembling metro-peritonitis. These cases do not persist, and are generally normal in less than forty-eight hours.

12. If the temperature does not rise within ten days from delivery, there is little risk of grave disease, unless from gross imprudence in exposure to cold, or zymotic infection.

13. Although the temperature is moderately low,  $100^{\circ}$ – $101^{\circ}$ , so long as the pulse continues 120 or more we are not safe from relapse. No anxiety need be felt so long as the temperature is kept under  $102^{\circ}$ . However fast the pulse, if the temperature continues low the prognosis is favorable. An evident exception pertains when temperature is low from collapse. If the temperature is persistent at  $102^{\circ}$ , or frequently recurs to this point, there must be an abnormal organic condition.

14. Temperature should be observed night and morning for the first seven days, and daily for three to seven days after, more especially if any instrumentation has been required for delivery, or if zymotic or epidemic disease prevails. When an abnormal temperature is discovered, it should be reduced to the normal as early as possible by one or other agent. It is of the highest moment to bring it down to  $100^{\circ}$  and keep it there or lower.—*Philadelphia Medical and Surgical Reporter*.

Herman E. Heyd, M.D., McGill, of Brantford, Ont., was admitted M.R.C.S. on the 19th of January.

### THEN AND NOW.

At a meeting of the Cincinnati Acad. Med., Sept. 26th, Prof. Thad. A. Reamy, President, made the following remarks:—

Nearly four thousand years ago Jacob leaving the scenes of family disgrace, journeyed to Bethel—where God talking to him face to face, told him to “be fruitful and multiply,” promising him, if obedient, that nations, and a company of nations should be of him, and that kings should come out of his loins. Jacob obeyed, and God kept his promise. This was the beginning of the greatness of Israel. But the first case of labor which occurred after the command was fatal to the mother. Hear the record—“Rachel travailed and she had hard labour. And it came to pass when she was in hard labour, that the mid-wife said unto her, ‘Fear not, thou shalt have this son also.’ And it came to pass as her soul was departing (for she died) that she called his name Ben-oni.”

Who that has read this touching story of Rachel in hard labour near Ephrath has not been moved with sympathy, and wished that instead of an ignorant mid-wife, she had had the skill of an educated obstetrician? And yet what better skill could have been offered at so late a date as early in the present century.

In 1817 a royal princess approaching her confinement was prepared for the ordeal by “lowering the organic strength with bleedings, aperients, and low diet,” and when the travail came she was allowed to remain fifty-two hours in hard labour, the child being born dead and the mother dying almost immediately after the delivery—and yet her Royal Highness Charlotte was attended by men of such great distinction as Sir Richard Croft, and Dr. Baile, with the eminent John Sims in another room of the palace—and why? Because it was then thought that meddling midwifery was bad.

Since your speaker entered practice it was the rule in one of the largest and best managed hospitals in the world, to prohibit instrumental interference until all hope of natural delivery was at an end. They had not learned to answer the question put in his report of 1872 by the master of the Rotunda Hospital, “Why should we permit a fellow-creature to undergo hours of torture when we have the means of

relieving her within our reach?” Now, however, the answer comes, with the authority of modern science and skill. Timely interference shall save the life of the child as well as that of the mother. Not “meddlesome” but conservative skilled interference. Since the modern practice came into vogue, the mortality both to mother and child is so lessened that it may be said: yesterday was sorrow, pain and death; to-day is joy and life.

I condemn not the men of the past, nor praise those of the present, but speak only of the “science” and the “art” then and now. And I assert that, with anæsthesia, advanced knowledge of the mechanism and the physiology of labour, and the consummate skill now brought to instrumental cases, the new graduate of any reputable medical college of to-day could have successfully delivered Rachel on the plains of Edar, or Charlotte in the royal palace.  
—*Quarterly Epitome.*

### CHLORAL IN LABOUR:

Some observations on this are reported in the *St. Louis Courier of Medicine.*, by Dr. B. Bribach:—

The mode of exhibiting the drug consisted in giving fifteen grains every half hour until the patient came under its full influence; in unusual rigidity of the os, thirty grains were given as the initial dose. The total amount in each instance varied, from thirty to seventy-five grains being sufficient in the majority of cases. To a few patients thirty grains were given by enema; in the parturient state chloral appears to act even more promptly and satisfactorily when given by the rectum than it does when given by the mouth.

*Effect on the Pains.*—Chloral modifies the dilating pains of the first stage, in so far that it renders them decidedly less frequent, more effective, and less harassing to the patient. Pains occurring every five minutes will, after the exhibition of the chloral, generally recur less frequently, about every ten minutes. The teasing, wearing sensation in the interval between the pains, with its suffering and the lamentations of the patient subside, giving way to a state of peaceful somnolence. During the



pains the patient is aroused, but the expressions of pain and worry are much less marked. The effect is often so very striking that the parturient process seems to be entirely suspended. Digital examination during the pains, however, shows the uterine contractions to have increased in efficacy, from the more powerful protrusion of the amnion and the rapid progress of the first stage.

*Effects on the Os Uteri.*—Chloral has the indubitable property of overcoming functional rigidity of the os. In some instances the rapidity of its action is surprising. The presence of fecal matter in the lower bowels seems to counteract the action of chloral.—*Quarterly Epitome.*

**REMOVAL OF THE WHOLE UTERUS FOR CANCER.**—The entire uterus was removed for cancer on January 3rd, in St. Thomas' Hospital, by Sir William MacCormac. The patient is a woman of thirty-four. She was admitted under Dr. Ord's care for obstinate constipation and signs of intestinal obstruction. A cancerous mass involving the cervix uteri, together with a tumour pressing on the rectum, were discovered. The method of abdominal section was selected, and as soon as the peritoneal cavity was exposed, the pelvis was found blocked by a tense fleshy everywhere adherent cyst, which compressed the rectum against the sacrum, and completely concealed the uterus and its appendages. In order to obtain space the cyst was punctured, and found to contain very offensive pus, some of which it was impossible to prevent entering the pelvic cavity. The adhesions were then separated, and the cyst, which is probably ovarian, removed with the uterus and ovaries. No attempt was made to stitch up the vagina or pelvic reflections of the peritoneum. A large double-barrelled T-shaped drainage-tube was inserted, the end projecting from the vagina, and left in the cavity of the abdomen; this was used for frequent irrigation. Five days after the operation the temperature rose to 102.6°. There was some evidence of suppuration opposite the lower extremity of the abdominal incision. Sir William MacCormac broke down the already adherent edges of the wound; some pus escaped, and the ca-

vity has since been daily washed out. Shortly after this the temperature fell to 99°, and at present, ten days after the operation, the patient's condition is excellent, and promises a speedy convalescence. There has been no general peritonitis. Eucalyptus lotions and dressings were employed. [The patient has since completely recovered.—Ed.]

#### WEIL ON THE RESULTS OF THE EXAMINATION OF THE HEARING IN 4,500 SCHOOL CHILDREN.

—The following are some of the conclusions at which Dr. Weil of Stuttgart has arrived from the examination of the above large number of children. The normal ear hears whispered speech of medium intensity at a distance of 66 to 82 feet amongst sufficiently quiet surroundings. Impairment of hearing is of very common occurrence. In the national schools (*Volksschulen*) the hearing of as many as 30 per cent. of the children was defective. This percentage is less in children of the better classes; e.g., in the *Catharinensstift* it was only about 10 per cent. The percentage increases with the age. Perforation of the membrana tympani, with suppuration, was found in 2 per cent. of the children; plugs of cerumen or commencement of the same, in 13 per cent. Most of the children had never been under treatment, and many had not the least idea of their affliction; not a few being considered inattentive, and probably treated accordingly. This corroborates the proposition previously enunciated by the author, viz., that every inattentive child should be examined as regards its hearing power. The author recommends that in schools, at the beginning of every term, the master should test his pupil's hearing, which can be done without much trouble and loss of time. By this plan alone is it possible to prevent children from being misjudged.—*London Medical Record.*

**KONIGSTEIN ON THE EYES OF NEW-BORN CHILDREN.**—Through the kindness of Prof. Späth, the author was enabled to examine the eyes of the children of the second lying-in-clinic, and reports (*Med. Jahr. der K. K. Gessel. der Aerzte zu Wien*. 1881) the following conclusions.—1. The eye of the child is probably exclusively hypermetropic. 2. The colour of the child's iris is not invariably, but frequently, blue. 3. The difference in breadth and appearance between the retinal arteries and veins is not so great as in adults. 4. In a great many cases remains of the pupillary membrane are to be found, and in 10 per cent. there are extravasations of blood in the retina.—*London Medical Record.*

## Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—Fearing that some of your readers have not received a copy of the 1881-82 Council announcement, and that they have thus lost the following treat is my apology for desiring to occupy your space :

### "THEORY AND PRACTICE OF MEDICINE.— HOMŒOPATHIC.

"1. State the dogma which distinguishes the Homœopathic School of Medicine from all others.

"2. Do you accept this dogma as a mere sentiment, allowing departure therefrom as may suit your convenience, or as a principle by which to govern your whole practice, and to be maintained at all cost?

"3. What medical work does our School acknowledge alone, for the annunciation, exposition, application, and defence of this fundamental doctrine?

"4. What other works have we from the same pen to indicate the practical application of the doctrine?

"5. State Hahnemann's views of what are the three great sources of chronic disease in the human family.

"6. Which of the three does he regard as most extensive in its baneful effects?

"7. What causes or conditions may exist to retard the curative action of a properly chosen remedy?

"8. When two or more remedies seem to be equally indicated by the prominent symptoms in a given case—say pleuro-pneumonia of the left lung—how will you select the one homœopathic to the disease?

"9. In any future case of similar disease, how far will your clinical experience in the former justify you in again selecting the same remedy?

"10. What is our rule for selecting the remedy?

"J. HALL, M.D., *Examiner.*"

Would some member of the Council give us information upon a few points?

1st. Does the Council endeavour to increase the usefulness and uphold the dignity of the profession in Ontario?

2nd. Is the above paper, submitted at one of its final examinations, and printed in its announcement, likely to assist in such endeavours?

3rd. Does it not seem, from the "inexpensive method" adopted in the admitting of one Hall to registration, and from the style of

such examination papers as the above that for homœopathic students is shown much more consideration than for regular students.

4th. Is it possible that learned members of the Council, who are seeking some office for the future, support such moves as the "inexpensive method" in order to gain votes in the event of a contest?

5th. Is it not a studied insult to refuse the graduates of, say, Toronto University registration, and at the same time, to register the aforesaid Hall by that "handy and inexpensive method," or to register a homœopathic student after passing such an apology for an examination as the above paper offers?

Regular students do not ask to have their examinations shaped after such a model as the 1881 homœopathic medicine paper, but they do ask that no man be allowed to register as a practitioner in Ontario unless he fulfill the requirements which, without an exception, they are required to fulfill, and pass decent examinations upon all the subjects upon which they are required to pass.

I am, Sir,

Yours truly,

MEDICUS.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

I had not intended to take the slightest notice of the letter in your last number, signed "Medicus," written, every one says, as no secret, by Dr. Bergin, President of the Council.

The Dr's. alleged facts are incorrect, and his deductions are equally so.

It is particularly unfortunate that such a letter, emanating from such a source, should have been written, as it leads to distrust of the Council on the part of the young men. And if it be the right thing for any one who presides over the Council to attack one of our schools to-day, it would be equally right to assail another to-morrow, and it is not difficult to see the consequences of such a course.

Coarsely abusing young men in the Council one year, and writing a bitter letter with the view of injuring one of our schools, just on the eve of the examination of the next, is a very short-sighted, and very foolhardy policy to say the least, i.e., so far as the best interests of the Council are concerned.

W. B. GEIKIE.

[The writer's assumptions are gratuitous; the facts such as to require more specific refutation.—ED.]

THE CANADIAN  
**Journal of Medical Science,**

A Monthly Journal of Medical Science, Criticism,  
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MARCH, 1882.

CONSULTATIONS WITH HOMŒO-  
PATHS.

It is with sincere pleasure that we have received a personal denial, from the gentleman chiefly concerned, of the allegations contained in our last issue as to his reported meeting two homœopaths in consultation. He informs us that one Hahnemannian practitioner was certainly present, and with his consent, at his examination of the patient, but merely for the express purpose of stating what he had previously observed (while in attendance upon the case) just as an ordinary layman might have done, and that no consultation or other communication was had with him, but the opinion of the surgeon was expressed directly to the friends. The presence of another homœopath in the house at the time was a mere matter of coincidence, and for the purpose of seeing another patient altogether.

This explanation suggests a further difficulty. Is it advisable that we should receive information as to the patient's previous condition from such a source? We trow not; but deem it better to seek such assistance from any intelligent layman, and thus avoid the appearance of evil.

It cannot be denied, and it is useless to shut our eyes to the fact, that there is a growing disposition, in some quarters, to overlook the scientific heresy or shibboleth of *similia similibus* as a universal law of therapeutics, and to take back its misguided utterers into the fold of professional communion. But, surely, "the times are out of joint" most strangely

when a medical society representing the professional dignity and intelligence embodied in that of the State of New York can by a two-thirds majority adopt a code of ethics expressly abandoning the clauses which forbid participation in the farce of consultation with the dogmatists of any exclusive therapeutic sect or school; and when a medical journal of the standing and previous respectability of the *New York Medical Record* can be found not only to connive at, but to defend the action. We reproduce the new code of ethics of this Society in another place. The manlier declaration of the abnegation of all tests of fitness for fellowship expressed in the amendment of Dr. Daniel B. St. John Roosa, although eliciting a vote of 39 to 37 was lost for want of a two-thirds majority. Now, how in the name of honesty can such things be? The defenders of the course pursued assert that one by one the three fundamental doctrines of the author of the "Novum Organon" have been abandoned by his disciples, and consequently there no longer exists any difference between them and rational physicians. We admit the proposition readily for homœopathy has aptly been defined "the most preposterous delusion which ever took possession of the human mind," and we cannot conceive of intelligent and thinking men remaining long beneath the domination of its thrall. But, granting this, who is the fitter for association with the seekers after truth,—the innocent dupe who honestly believes the preposterous nonsense of his creed, or the cunning knave who has both the wit to see the inanity of his professions, and the turpidity to dare to trade with unblushing effrontery upon the credulity of his fellow men? The Royal College of Physicians has been censured by the *Lancet* for its mild and half-hearted protest against the spread of this virulent ulcer on the face of the profession; and shall not a new world journal speed its winged words to wake the sleeper to the danger and the duty of the hour, the festering sore being poulticed when it should be excised? The *Medical News* thus eloquently proves equal to the occasion. "There has been on the part of regular physicians no spirit of proscription against those irregulars

who would abjure their special creed and trade designations, and rank themselves as physicians only. The warfare has been, not against the consciences of men, not against the right to treat diseases according to their convictions of the utility of therapeutical measures. It is the parading of a special designation, the offensive proclamation of '*similia similibus*' as the trade insignia, against which the great body of the medical profession has protested and will continue to protest. All the glittering generalities which are now uttered to conceal the real point at issue, the authority of great names, and the momentary outburst of a humanitarian sentiment in a great medical society, will not blind the thinking men of the profession.

"To yield the point of the right to consult with all kinds of irregulars who happen to be 'legally qualified practitioners,' is to admit that the regular medical profession has hitherto occupied a false position.

"To yield the point, is to admit that they who have maintained the truth of one exclusive dogma, and have practised on a trade designation, were right, and those who opposed them were wrong.

"To yield the point, is to strengthen all irregular practitioners in their position of bigoted intolerance, and to confuse and dismay the disciples and friends of legitimate medicine. We do not believe that the medical profession will thus stultify themselves, but that they will more energetically than before reaffirm the great principles for which they have steadfastly contended."

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At the late Meeting of the New York State Medical Society, in Albany, Drs. John Guerin, Cayuga; D. V. O'Leary, Albany, L. E. Felton, St. Lawrence; and C. C. Dodge, of Clinton, were appointed delegates to the Canada Medical Association. Now, although there can be no shadow of doubt but that these gentlemen, personally, would receive a most cordial welcome from our Dominion Association, yet, we opine, there are grave reasons to believe that it is a fair subject for dubitation, as to the competency of our Association to receive delegates from a body adopting the code of Ethics now prevailing in the New York State Medical Society.

## THE MEDICAL COUNCIL OF ONTARIO.

Has the Medical Council proved a failure? We hope not, although it would certainly puzzle its best friends to defend some of its very extraordinary acts. If there live in the Province any member of the regular Profession who will endorse all the proceedings of the last Session, we have neither seen nor heard of him. A correspondent in this issue refers to the "inexpensive method" by which a homœopathist of this city was granted a license, after undergoing some peculiar farce known as a *cheap* examination, while a number of very worthy students were plucked, and rather unmercifully *sat upon* at the same time. We have referred to this matter before, and have no desire to give it too much prominence; but it leads to a broad and very important question: Are the homœopaths masters of the situation? Do they practically rule the Council? It has been freely stated on different occasions in the past, by men who ought to know, that such is the case. If such has been the condition of affairs, it has, of course, been brought about by divisions in the ranks of the *regulars*, arising very often simply through petty personal jealousies, enmities, and ambitions, while the other party have kept together in a compact body, and played their cards skilfully by always voting with those who make the highest bid for their support. We have no desire to say anything harsh about Homœopaths, as the laws of our country give them a legal status and a large representation in the Council, and they are entitled to simple justice in the matter of examinations as well as other things, but, if you please, nothing more. In fact, we do not even blame them, but would rather censure those who have been sent to represent the great body of the Profession, but have very frequently wofully misrepresented them. The medical men of Ontario would do well to watch carefully the acts of their representatives, and either call on them to explain satisfactorily some of their objectionable votes, or send better men to fill their places.

We believe that the Profession is generally anxious to sustain the Council which, with all its imperfections, has done much to raise the

standard of medical education in this Province. It has given us a central examining board, which is one of the greatest safeguards that we can possibly have. The history of the past in this and other countries has proved conclusively that it is not safe to place the licensing power in the hands of medical teaching institutions. The inevitable tendency appears to be in some of them to pass everybody who takes the regular course and *pays his fees*. The, medical schools are, we think, well satisfied with this feature of the Council, as there is probably not one of them that is afraid to send its students before a central board, where they will compete on common ground with all who wish to obtain the Ontario license. There is at the same time no doubt that the Profession at large appreciates very highly this feature, and would dislike very much to go back to the old *regime*.

All things considered, we may conclude that the Council is not a failure, but we cannot look upon it as a grand success; and yet it ought to be a success, and, wherein it has failed, we must hold the members of the Council (including both present and past) responsible.

#### ONTARIO VETERINARY COLLEGE.

This institution has during the last few years advanced with wonderfully rapid strides, and now occupies the place of one of the most valuable educational institutions of the country. At the very successful dinner given at the Walker House, January 27th, we were pleased to notice the large number of intelligent students, young men from all parts of the continent, who are evidently thoroughly in earnest in their desire to obtain a scientific knowledge of the important subject of veterinary surgery. The President is certainly to be congratulated upon the distinguished success which has attended his untiring efforts. From his speech delivered at the dinner, and those of the other professors, we gathered the following particulars respecting the history of the College.

The first veterinary instruction ever given in this province, was a short course of lectures on the subject in the winter of 1862. These were delivered to a few agricultural students

by Mr. Andrew Smith, V.S., of the Edinburgh Veterinary College, who had been induced to come to this country for that purpose by the late Hon. Adam Ferguson and Professor Buckland. It was not until 1864, however, that the school was organized. In that year a regular course of instruction was commenced, and attended by four or five young men who purposed devoting themselves to the study of the subject. The lectures were given in the Agricultural Hall, corner of Queen and Yonge Streets, while the stables and infirmary were on Temperance Street, being part of the premises now occupied by the College buildings. Gradually the number of students increased until, in 1869, a portion of the present building was erected, some forty students being in attendance. This building, then thought to be ample in size to accommodate the students for years to come, was soon crowded, and in 1876, Professor Smith, having received a small grant from the Ontario Government, erected the present College buildings. These consist of a very large lecture-room, museum, dissecting-room, waiting-room for students, offices, and private rooms, together with spacious stables, &c.

From the time of the opening of the new buildings, progress has been rapid. Year by year witnesses larger classes of students attending.

This year's entering class numbers 69; the total number attending the session—1881-82, is 132. The students come from every part of the United States, Canada, and even a few from Britain. The course extends over two winter sessions, the intervening summer is to be spent in actual practice with a regularly qualified veterinary surgeon. While at College the students see and assist in the large practice of Professor Smith, also receiving practical instruction in the dissecting-room, veterinary pharmacy, &c.

The names of the lecturers with their subjects will give a partial idea of the scope of the course:—Professor Smith, Veterinary Medicine and Surgery; Professor Buckland, Breeding and Management of Farm Animals; Dr. Barrett, Physiology; Dr. Thorburn, *Materia Medica*; Dr. Ellis, (Lectures given in the School of Science) Chemistry; Mr. J. T. Duncan, Anatomy and the Use of the Microscope.

### NEWSPAPER OFFENCES AGAINST THE PROFESSION.

Our attention has been repeatedly called to the appearance in *The Times*, published in Woodstock, amongst the "Local and General" items of notices of accidents or injuries specifying their character and naming the surgeon in attendance, as well as the treatment pursued. In the last two instances, Dr. McLay has been the unfortunate practitioner to be thus offensively publicly advertised, or pilloried; and since the general protest, which we issued some months ago against the custom (which would indeed be "more honoured in the breach than the observance") seems to have been lost upon some of our brethren of the secular press, we deem it to be the bounden duty of the local practitioners, where such breaches of professional decency prevail, in self-defence to make a personal request to the editors of such papers to exercise such a supervision over the matter gaining access to their columns as shall prevent the appearance of these distasteful and objectionable items. Editors should be made to understand that we do not court, but on the other hand shun, publicity in the discharge of our daily duties, the character and subjects of our work being purely private; and that any suspicion, however slight, of a desire to obtain vulgar notoriety in the public prints, savours too much of charlatanry to be consonant with the scientific spirit, and compromises our position in the esteem of our professional brethren.

Medicine is not a trade; and a doctor's qualifications and attainments cannot be appraised by popular favour or the uninitiated and unskilled judgment. A physician's *confrères* can alone, therefore, estimate his real worth; and no amount of pecuniary profit or general esteem can, therefore, compensate him for depreciation in the minds of his compeers.

The number of the *Arthur Enterprise* for 26th January, which lies before us, likewise contains an effusion from one Francis Morris, of Peel, detailing the particulars of his sufferings from urinary calculus, and narrating how he obtained relief by placing himself in the hands of Dr. McKinnon in the Guelph

Hospital. We are sure that Dr. McKinnon and his assistants, Drs. Howit and Wallace, will be gratified to learn from such a source that the operation was "most skilfully performed," and will be delighted to do as much for all those who adopt the writer's advice to "apply to them for assistance."

We know Dr. McKinnon too well to believe for one moment that he had any concurrence or privity in the matter, but we cannot refrain from mentioning it, in order to impress upon his mind the fact that in making an accusation in our columns a short time ago of similar impropriety against Dr. Groves, of Fergus, he may possibly have judged an unoffending brother harshly, and that, therefore, a retributive Nemesis treads upon his heels. For our own part, we much regret that patients in the west, with, doubtless, the best intentions, should endeavour to show their gratitude to their healers in such a profitless and objectionable way.

### THE ABORTIVE TREATMENT OF FELON WITH COPAL VARNISH.

Dr. A. B. Isham, of Cincinnati, bears testimony to the value of this method in a recent number of the *Medical News*. The plan was suggested by an old darkey in the vicinity, and consists in wrapping the affected part in flannel bandages saturated with copal varnish and covered with dry flannel envelopes externally. Thirteen cases have come under observation in the past year. In six, suppuration having already occurred, incision was resorted to; in the remaining seven, the copal varnish was the only agent used. The thumb was involved in two cases, the index in five. "In all there was swelling, redness, heat, and great pain; in one a vivid erysipelatous blush extended over thumb, wrist, and extensor surface of forearm; in two cases there was apparently a combination of what is popularly called 'run-around,' with felon of the flexor digital surface, about and near the point. Perhaps in none was the periosteum involved, though several did not differ from cases I have seen in the acute stage, where necrosis and extrusion of the terminal phalanx subsequently took place. In all the seven cases there was a rapid subsidence of the

inflammatory process and its accompaniments, and by the second or third day the parts were perfectly normal. If the varnish upon the dressings become unpleasantly hard by drying, it may be softened by adding fresh material from time to time. Its removal may be easily accomplished, when found desirable, by rubbing in lard and then washing with soap and water."

Copal varnish consists of copal resin and spirits of turpentine, the latter constituting about three-fourths of the mixture; and Dr. Isham suggests the following *modus operandi*: 1. *By an irritant action* due to the contained turpentine the inflammatory stasis in the tissues is overcome; 2. *By withdrawing oxygen and arresting oxidation* the turpentine checks cell proliferation, liquefies inflammatory products, and renders parasitic microphytes inert; and 3. *By excluding air and by pressure*. The varnish, of course, is impermeable by air, and, in drying, it contracts, producing pressure which "modifies the supply of blood, promotes the removal of waste matters, and tends to maintain a steady and continuous stream."

#### TORONTO SCHOOL OF MEDICINE MEDICAL SOCIETY.

At the regular meeting of this Society on Friday evening, February 17th, Mr. S. Stewart, B.A., read a very interesting paper on Bacteria.

On Friday evening, February 24th, Dr. J. H. Richardson delivered a very able address on the subject: "Science Falsely So-called" to the same Society. The large audience listened with great interest, as shown by frequent and hearty applause, and at the close a very cordial vote of thanks was given to the Doctor. This flourishing young society is showing remarkable vigour, and promises to be extremely useful to the graduates and undergraduates of the school.

M. PAUL BERT, the eminent physiologist, whose accession to the office of Minister of Public Instruction and Fine Arts in the French Cabinet we lately chronicled, has been succeeded in that portfolio by M. Jules Ferry.

SIR ROBERT CHRISTIAN, BART., M.D., one of the grandest figures in the history of Scottish Medicine, and the dearest link between the present and the past of Edinburgh University, has gone over to the majority, full of honours as of years. He was one of twins, born in Edinburgh, on the 18th July, 1797; received his general education at the High School and University, and graduated in Medicine in 1819. He early manifested a fondness for Chemistry, and after graduation in Edinburgh and spending several months at St. Bartholomew's Hospital in London, he went to Paris, where he engaged in laboratory work under Robiquet and attended the courses of Vauquelin and Thénard in Chemistry, and of Orfila in Toxicology. While in Paris the death of Gregory created certain changes in the Chairs in Edinburgh, and that of Medical Jurisprudence becoming vacant, he was, although absent, elected to fill it. From this time he became recognized as the medical-jurist of Scotland, and was engaged in every important case of medico-legal interest, the first being the celebrated one of Burke and Hare. In 1832 he was elected to the Chair of Materia Medica, which he occupied up to the time of his resignation in 1877, having been Professor in the University for five years more than half a century. He was the Nestor of the Profession, and after the deaths of Abercrombie and Alison universally regarded as its leader in the North. His chief works were a "Treatise on Poisons" (1829) and his "Dispensatory" (1845). He was Crown Member of the Medical Council for Scotland, Member of the Edinburgh University Court, and Assessor, Physician-in-Ordinary to the Queen in Scotland, twice President of the Royal College of Physicians, President of the British Medical Association in 1875, of the Royal Society of Scotland after Brewster's death, and in 1876 he was selected as President of the British Association for the Advancement of Science.

We are pleased to note that our fellow-townsmen, Dr. R. A. Reeve, Surgeon to the Andrew Mercer Eye and Ear Infirmary, has been elected a member of the Ophthalmological Society of Great Britain.

**PHYSICIANS THEIR OWN PHOTOGRAPHERS.**—Medical men very frequently want photographs in cases of injury, deformities, &c., but the trouble and expense have been serious bars to obtaining them; and many patients, too, cannot go to the photographer. Drawings are often even more expensive, and always labour under the disadvantage of possible inexactness. Recently, however, the introduction of the "dry plate" process has so simplified the method, avoided the former dangers, and reduced the expense, that any one of ordinary intelligence and means can now take all the photographs he wants at a moment's notice. At the Cincinnati meeting of the American Association for the Advancement of Science, last August, Mr. Walker, of Rochester, N.Y., showed a "pocket camera," which, according to Prof. Lattimore, supplies every want of the inexperienced amateur. Its weight is only two pounds. "Dry-plate outfits" are now to be had at a cost of \$10 and upwards which are excellent. Provided with one of these instruments, the doctor would always be prepared to photograph any case he desires, at his office or in the sick room. Our hospitals, especially, should be provided with such a good outfit, so that cases and specimens could be photographed at any time, even by a resident. Our microscopists would also find it exceedingly useful to make permanent many a transient preparation not suitable for preservation.—*Medical News*.

**A LITTLE RECOGNIZED CAUSE OF DELAYED REPAIR AND CONVALESCENCE IN WOUNDS AND DISEASES.** M. A. Poncet, of Lyons, who, by the way, has just been elected to the chair of operative medicine in the Lyon's Faculty of Medicine, contributes to the *Lyon Médical* for 5th Feb., the history of a number of cases in which indulgence in the venereal act was followed by untoward results and in several cases death. The cases narrated comprise amputations, dissection wounds, scalp wounds, whitlow, and fractures, and the results and complications fairly attributable to premature or excessive coition were purulent infection, lymphangitis, ganglionic suppuration, chronic tetanus, inflammation of wound, suppuration, delayed union, and relapse. The mode of action is sup-

posed to be interference with the processes of repair by nervous shock and induced debility; and the moral of the paper seems to be "*Mieux vaudrait souvent pour quelques blessés être privé de soins assidus que d'avoir une matresse pour garde-malade.*"

**A MEDICAL TRIBUNAL.**—We (*London Lancet*) commend to the consideration of the Government a suggestion made in our leading columns last week—namely, the establishment of a medical tribunal. It would not be difficult to select from the ranks of the medical profession an expert physiological chemist, a pathologist, an experienced clinical physician and a surgeon—four in all—three forming a quorum, as the case to be investigated happened to be medical or surgical. This tribunal might be required to investigate and determine such cases of a purely scientific nature as were referred to it by the Judges, either in the course of a trial or afterwards, as in the case of law points reserved or sent up to the Justices for special consideration. It would be easy to construct such a tribunal, and the expense of maintaining it need not be very considerable. It is necessary in the interests of justice and public prudence that a step of this nature should be taken. Recent events have made the decisions of courts of law usurping the authority to adjudicate issues of science obviously and, therefore, mischievously, ridiculous.

**EPISTAXIS.**—Dr. Geo. M. Lefferts, Professor of Laryngoscopy and diseases of the throat in the College of Physicians and Surgeons of New York, in a recent paper on this subject in the *Medical News*, affirms that frequently recurring attacks of epistaxis, especially in children, are in the vast majority of cases due to a small erosion of the mucous membrane of the cartilaginous septum, just above the point of the former's junction with the skin. This is due to the violent removal of a little inspissated mucus which has lodged at that point, and is kept up by frequent repetition of the process. To effect a cure the habit of picking must be avoided and the erosion kept constantly covered by a layer of vaseline or otherwise treated according to special indications on general principles.



### EXAMINATIONS OF ONTARIO MEDICAL COUNCIL.

The professional final written examinations will commence April 4th, in Toronto and Kingston; final oral, April 11th, at Kingston, and April 13th at Toronto.

The primary examinations will commence April 14th at Kingston, and April 18th at Toronto.

For further particulars see advertisement.

**PROVINCIAL HEALTH BILL.**—Very elaborate preparations have been made in Montreal to secure the introduction into the Quebec Legislature of a satisfactory and efficient Health Bill. The Hon. Mr. Loranger, Attorney-General of the Province, has promised if the provisions of the draft prove satisfactory, to introduce it as a Government measure. A Board of Health is to be organised composed of certain members of the Ministry *ex-officio*, medical men of experience and standing, and lay members selected by the Lieut. Governor-in-Council. The Province of Ontario may well blush to be thus distanced in the path of progress by her poorer sister.

**MEDICAL DINNER, BISHOP'S COLLEGE.**—The Medical Department of Bishop's College, Montreal, held its first annual dinner, on the evening of the 7th of December last in the Windsor Hotel. There were about eighty in attendance and an enjoyable evening was spent.

### PERSONAL.

Sir James Paget has entirely recovered and returned to practice.

The death of Prof. Theodor Schwann is announced.

Kundrat, of Gratz, has succeeded Heschl in the Chair of Pathology in Vienna.

Dr. W. R. Sutherland has been appointed Curator of the Museum of the Medical Faculty of McGill University.

Prof. Leidesdorf, of Vienna, the eminent Psychologist, has received the Cross of Knighthood of the Order of Francis Joseph.

Prof. Trendelenburg, of Rostock, has succeeded Busch as Professor of Surgery at Bonn, König, of Göttingen, having declined the offer.

Prof. Pirogoff died of epithelial cancer,

which perforated the hard palate. By his will, he has left 500,000 silver roubles (£75,000).

Prof. Panum, of Copenhagen, has been chosen President of the next International Medical Congress, and Dr. Carl Lange, General Secretary.

Dr. George W. Campbell, Dean of Medical Faculty of McGill University, has, by the death of his brother in Scotland, become heir to an old baronetcy.

Dr. Joseph Workman, Dr. Daniel Clark, and Prof. Wm. Osler, were elected Honorary Members of the Toronto School of Medicine Medical Society, February 24th.

Dr. Orton, of Fergus, was tendered a public dinner on the 9th February by his numerous friends in that section of country on the eve of his departure for Winnipeg. The doctor has been a resident of Fergus for over twenty years; and the success of the banquet was a very pleasing evidence of the esteem in which he was held.

### Book Notices.

*Fourth Annual Report of the Presbyterian Eye and Ear Charity Hospital, 77 East Baltimore Street, Baltimore, Md., 1882.* By JULIAN J. CHISHOLM, M.D., Surgeon in charge.

*Chronic Club Foot—Treated, without Tenotomy, by Continuous Extension and Stretching.* By JAMES S. GREEN, M.D. (Reprint from *N. Y. Med. Journal and Obstet. Review*.)

*A New System of Surgical Mechanics.* By CHARLES F. STILLMAN, M.D., of New York. (Reprint from *Trans. Am. Med. Association*.) Philadelphia: Collins, 705 Jayne Street.

*An Aid to the Mechanical Treatment of Weak Ankles and Inverted Feet.* By CHARLES F. STILLMAN, M.D., of New York. (Reprint from *Medical Record*.)

*Catalogue of Medical, Dental, Pharmaceutical and Scientific Publications.* Published by P. BLAKISTON, Son & Co., 1012 Walnut Street, Philadelphia.

*Preliminary Observations on the Pathology of Sea Sickness.* By J. A. IRWIN, M.A., Cantab., M.D., Dub. (Reprint from *The Lancet*.) Philadelphia: P. Blakiston, Son & Co.

*Soluble Compressed Pellets.* A new form of Remedies for Hypodermic use, and applicable to Ophthalmic and General Medication. By H. AUGUSTUS WILSON, M.D. (Reprint from *Trans. Am. Med. Association.*)

*Transactions of the American Ophthalmological Society—17th Annual Meeting, Newport, 1881.* Copies can be procured of the Secretary, Richard H. Derby, M.D., at 9 West 35th Street, New York.

*The Trance State in Inebriety: Its Medical Relations.* By T. D. CROTHERS, M.D., Superintendent Walnut Lodge, Hartford, Conn. With an introduction on the nature and character of the Trance State. By Geo. M. Beard, M.D., New York City.

*Memoranda of Physiology.* By HENRY ASHBY, M.D. (Lond.), Lecturer on Physiology, Owen's College, Manchester. New York: William Wood & Co.

This is the third edition of this little *cram* book, prepared especially for the use of students. It has become quite popular in England, as shown by the fact of the necessity of a third edition within three years. We prefer to see students write their own memoranda. Those unwilling to do so may find this work useful, but we cannot recommend it.

*A Manual of Organic Materia Medica.* By JOHN M. MAINS, Phar. D., Professor of Materia Medica and Botany, Philadelphia College of Pharmacy. Philadelphia: Henry C. Lea's Son & Co.

This book, which is intended especially for pharmacists and druggists, gives a very brief but accurate description of the physical, histological, and chemical characters of organic drugs, the classification being based on their resemblance to each other in physical and structural properties, without any regard to their physiological actions. A valuable feature connected with the book is the large number (194) of excellent illustrations, both gross and microscopic. We feel sure that the work will be very acceptable to those for whom it is intended.

*Illustrations of Dissections in a Series of Original Coloured Plates, Representing the Dissection of the Human Body.* By GEO. VINER ELLIS, Professor of Anatomy in the University College, London, and G. H. Ford, Esq. Vol. I. Second edition. New York: Wm. Wood & Co., 27 Great Jones Street, 1882.

This is the January number of Wood's Library for 1882. The drawings are from nature, by Mr. Ford, from dissections by Professor Ellis; and the volume contains "a concise description of a series of anatomical plates with some remarks on the practical applications of anatomical facts to surgery." Of the original plates it is unnecessary to speak since during the last six years the excellence of their execution has been oft attested, and Prof. Ellis' authority as an anatomist is paramount. Of their reproduction here we can only say that the letter-press is, of course, unaltered, and the plates themselves (somewhat reduced) as good and faithful copies as could be expected. The dissections of the upper limb, 12 plates, and of the head and neck, 16 plates, are included in this volume. They cannot fail to be of service to the dissecting student, and to the operating surgeon.

*A System of Surgery, Theoretical and Practical, in Treatises by various authors.* Edited by T. Holmes, M.A., Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital. First American, from Second English Edition, thoroughly revised and much enlarged. By JOHN H. PACKARD, M.D., Surgeon to the Episcopal and St. Joseph's Hospitals, Philadelphia; assisted by a large corps of the most eminent American surgeons. In three volumes, with many illustrations. Vol. II. Philadelphia: Henry C. Lea's Son & Co., 1881. Toronto: Hart & Co.

Of this edition of Holmes' system of surgery we have already spoken in the highest terms we could command when noticing the appearance of the first volume, and repetition of that commendation would be superfluous. Vol. II. contains the diseases of the organs of Special Sense, Diseases of Circulatory System, Diseases of Digestive Tract, and diseases of the Genito-urinary organs. Its publication is a great boon to American surgeons, and especially to the younger generation of them, none of whom can afford to be without it. The only article

wholly American is an excellent one by Busey, on Injuries and Diseases of the Absorbent System; but the American editors have made this publication, as a whole, as much better than the English original, as Lea's half Russia binding and beautiful typography is superior to the old English cloth edition.

*Essentials of the Principles and Practice of Medicine.* By HENRY HARTSHORN, A.M., M.D., Professor of Hygiene and Diseases of Children, Women's Medical College of Pennsylvania. Editor of the American Edition of *Reynold's System of Medicine*. Philadelphia: Henry C. Lea's, Son & Co. Toronto: Hart & Co.

This is pre-eminently a *multum in parvo*, and belongs to a class of works which we dislike, but which continues to be published notwithstanding our urgent remonstrances. "Hartshorn's Essentials," is, however, a very popular book, with both students and members of the profession, and we must acknowledge that it would be a very difficult matter to give so much practical and scientific information respecting the broad subject of medicine within a small space in a more pleasant and useful style than is presented to us in this book. This is the fifth edition, the fourth having been published in 1874, and is quite up to the times in every particular. We have in the 600 pages a fair amount of general pathology, general principles, general therapeutics, and when we come to what our author calls special pathology and practice, nothing appears to be omitted. As a brief and concise compend of the principles and practice of Medicine we know not its equal, and we have no doubt it will be highly appreciated by a fair proportion of both students and active practitioners.

*A Text Book on Physiology.* By M. FOSTER, M.A., M.D., F.R.S., Prelector in Physiology and Fellow of Trinity College, Cambridge. Second American Edition from the third and revised English Edition. Philadelphia: Henry C. Lea's Son & Co. Toronto: Hart & Co.

As our readers will probably remember the first American Edition was published in 1880 from the third English Edition. This was exhausted in the short space of one year, princi-

pally through its sale in the United States. Although it has not been adopted in Canadian Schools so generally as we would like, still we are pleased to notice that increased interest is being taken in the work, and we hope soon to see it in the hands of all our students who have any ambition to gain a good knowledge of scientific physiology. This second American Edition is from the same English Edition as the first, and the additions and changes made by the American Editor are so trifling as to be unworthy of special mention. No new plates have been added, but a few have been changed, and, we are glad say, much improved. In our somewhat extended review of the first edition it was our pleasure to express a very favourable opinion, and since then we have certainly not changed our views. If we could add anything to impress on our readers the high character of the work, we would gladly do so; but will simply say without any reservation, that we believe it to be the best text-book on physiology in existence for the general use of advanced students and practitioners.

### Meetings of Medical Societies:

#### HURON MEDICAL ASSOCIATION.

The Annual Meeting of the Huron Medical Association was held in Clinton, on Tuesday, January 10th. Dr. Sloan, of Blyth, President, in the chair. The following members were present: Drs. Sloan, Holmes, Worthington, Hyndman, Williams, Bethune, Graham, Young, Taylor, Mackid, Duncan, Hurlburt, and Stewart.

Dr. W. J. R. Holmes, of Brussels, was elected President for the ensuing year, and Dr. Hurlburt, Vice-President. Dr. Stewart was re-elected, Secretary.

The Association decided to subscribe for one copy of the "Index Medicus."

Dr. Mackid, of Lucknow, exhibited a married man, aged 43, farmer, who has been complaining for the last 3 years of severe pains in various parts of his body, principally on the left side. These pains are continuous for hours. He also complains of pains of a "lightning-like" character confined to the

upper extremities principally. He says his sight is dim, and often after severe exertion he is blind and sees things double. His eyelids twitch when he has undergone exertion. He has lost all sexual desire. He is seldom able to retain his urine over an hour. The bowels are irregular. He says he cannot walk well in the dark, but there is no evidence of ataxia when his eyes are shut. Tendon reflex normal.

Dr. Duncan, of Seaforth, showed a very well-marked example of Jacksonian Epilepsy. The patient is a boy  $4\frac{1}{2}$  years of age, a twin, born at 7 months. The premature birth was owing to an injury the mother received from being thrown out of a sleigh. General health good. Had whooping cough. There has been a purulent discharge from the right ear ever since the child was two months old. When the child was nine months old the mother noticed that while nursing it would suddenly, and without apparent cause, stretch itself back and leave the breast for a short time. From the ninth to the twelfth month the child had very frequently attacks of ordinary convulsions. These attacks, however, have completely passed away. The boy is larger and better developed than his twin brother. His mind is bright and active. His speech is not very distinct however.

The first unilateral convulsion occurred in June, 1878. They have recurred frequently since that time, sometimes there will be as many as seven in one day. The individual fits occur as follows: The first thing noticed is generally that the child is in unusually high spirits. He is restless and excited, and talks strangely. About twenty minutes before the convulsive movement begins he loses the power of the whole left side. The convulsions commence sometimes in the fingers, sometimes in the toes, always on the left extremity however. If they commence in the fingers they travel up the arm and down the leg. If in the leg, then up this limb and down the arm. The convulsive movements last for a short time; they are followed by a short pause, again repeated, and so on for four or five hours. The tongue is protruded to the left side, and the eyes are turned in the same direction during the convulsions. The left side of the

face and forehead get dark in color during the fit. After the convulsions have ceased the child falls into a deep sleep from which he awakens with completely paralyzed left extremities. This paralysis passes away in from twelve to twenty-four hours. Consciousness does not appear to be completely lost during the attacks. Bromide of potassium has appeared to have prevented many convulsions which otherwise would have occurred. The above case differs from reported cases in the fact of paralysis preceding as well as following the convulsions.

Dr. Taylor, of Goderich, showed the following cases:

(1) Pseudo-hypertrophic muscular paralysis.

This patient is a boy, aged 16, with a good family and personal history, and who presents the characteristic symptoms of this disease in a pronounced degree. His mother states that he always had a difficulty in walking, and was constantly falling if travelling over uneven ground. His playmates styled him "Stiff Legs." The calves are three inches greater in circumference than the upper part of the thigh. The arms are an inch larger than the forearms. There is general muscular weakness. Patellar tendon reflex is absent.

(2) Left hemiplegia from destruction of a portion of the right cortical region of the brain—Epilepsy.

The patient, a female, aged 23, when 5 years of age sustained a fracture of the right side of the skull by a branch of a tree falling on her. There was loss of cerebral substance at the time. Her left arm and leg have been partially paralyzed since. There is almost complete paralysis of the arm, but she has some use of the leg.

The patellar reflex of the paralyzed limb is greatly exaggerated. The left arm is atrophied and contracted. There is loss of bone to the extent of about  $1\frac{1}{2}$  inches over the right side of the skull, principally in the region known as the lower antero-parietal area, and which corresponds to the convolutions bordering the fissure of Rolando.

Three years ago this patient had her first epileptic fit. Since then the epileptic convulsions have recurred two or three times weekly.

While under observation she had a fit. The convulsions which were general were of a tonic character for about half a minute, this was followed by three or four general clonic convulsions. The contracture of the paralyzed arm (left) was relaxed, and the eyes were turned strongly to the left during the fit. There is no aura preceding any of her fits. The least mental excitement is said to bring on a paroxysm. It was noticed that immediately preceding the fit one of the members of the Association was pressing strongly over the right side of the skull where there is loss of bone.

(3) A case of Necrosis of the Mastoid portion of the Temporal bone.

This patient was a boy, seven years of age. About four years ago he had a purulent discharge from his right ear, which was followed by swelling behind the ear. A free incision was made into this swelling, and a few pieces of dead bone removed. The wound healed up quickly and remained so until a few months ago. At present there is a copious discharge both from the ear and from the mastoid bone. The mastoid disease is supposed to have been caused by a plug of cotton wool which had remained in the ear for a period of fifteen months.

Dr. Worthington, of Clinton, showed a case of Paraplegia, being probably an example of the so-called "hysterical paraplegia."

The patient is a married woman 32 years of age. She has four children. During her first pregnancy, eleven years ago, she says she was unable to walk, and for a period of nine months following it she maintains that she had lost motion and sensation of the lower extremities. She recovered completely, and remained well up to her second pregnancy when she complained of "lightning-like pains" in her lower extremities. For a period of nine months following her second pregnancy she lost the use of, and feeling in, her lower extremities. After her third pregnancy she remained well. Two months after her fourth pregnancy (November, 1879) she "caught a cold" which was followed shortly afterwards by loss of power in the lower extremities, and from this state she has not yet recovered.

**PRESENT STATE.**—There is a considerable loss of power in both lower limbs. It is with the greatest difficulty that she can move about when supported by two persons. Unassisted locomotion is not possible. Sensation is exalted in the paralyzed parts. The legs are oedematous. She has lost power over both rectal and vesical sphincters. The patellar reflex in both limbs is greatly exaggerated. Ankle clonus present. She complains of pains darting around the chest and abdomen. Vision good. There is no spinal tenderness or unevenness of the spinous processes.

Dr. Sloan, of Blyth, showed a case of Anæmia in a young man 23 years of age. Eighteen months ago this patient had jaundice lasting five days. Four months ago he commenced to lose flesh and color. There is no enlargement of the liver, spleen, or any of the lymphatic glands. Blood is normal in every respect. Pulse only 38 when lying, sitting 45. There are no changes to be detected in either the thoracic or abdominal viscera. There is no increase of temperature. The administration of iron has not been of any benefit.

Dr. Hyndman, of Exeter, showed a very well-marked example of Aneurism of the left femoral artery situated at the apex of Scarpa's triangle

The patient is a man 23 years of age, with a good family and personal history.

Three years ago he was accidentally shot, the ball (from a large pistol) passed into the left thigh about the centre of its internal surface, taking a course, apparently under the skin and fascia, outwards to the external surface of the thigh where it still lies imbedded under the skin. Although there was no external hæmorrhage the amount of shock was very great. The wound healed in a week, and it was then noticed that there was abnormal pulsation about the apex of Scarpa's triangle. Since this period he has been constantly attending to his duties as a clerk in a dry goods store. At present there is a large expansile pulsating tumour occupying the apex of Scarpa's triangle. It has a long diameter of four inches and a short one (transverse) of about 2½ inches. There is a distinct bruit to be heard, and a thrill to be felt over the tumour. Pressure on the femoral artery above arrests all pulsation in the swelling. There is no oedema and but little pain in the affected limb.

Drs. Stewart and Hurlburt showed a boy, aged three, who has lost in a great measure the co-ordinating power of the muscles of his lower extremities, and in a slighter degree those of the upper extremities also. He is unable to walk unless assisted. He walks much worse in the dark or with his eyes shut. There is no loss of muscular power. The patellar tendon reflex is absent in both legs. The general health has not suffered any. The trouble came on gradually. It is now about two months old. Vision is good. He has complete control over both bladder and rectum. He has had an offensive purulent discharge from the right ear for a year.

Dr. W. J. R. Holmes, of Brussels, showed a man, aged fifty, who has Paralysis of both median and radial nerves in the hands. Full notes of this case will be given later.

Dr. Graham, of Brussels, showed a specimen under the microscope of the blood from a case of Pernicious Anæmia.

**Miscellaneous.****REPORT OF THE COMMITTEE ON  
REVISION OF THE CODE OF  
ETHICS.**

The New York State Medical Society was called to order at 8 P.M., and the following report of the Committee on the Revision of the Code of Ethics was made the special order of business:—

**I.—THE RELATIONS OF PHYSICIANS TO THE  
PUBLIC.**

It is derogatory to the dignity and interests of the profession for physicians to resort to public advertisements, private cards, or hand bills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor without charge, or promising radical cures; or to publish cases or operations in the daily prints, or to suffer such publications to be made; or, through the medium of reporters or interviewers, or otherwise, to permit their opinions on medical and surgical questions to appear in the newspapers; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform other similar acts.

It is equally derogatory to professional character, and opposed to the interests of the profession, for a physician to hold a patent for any surgical instrument or medicine, or to prescribe a secret nostrum, whether the invention or discovery or exclusive property of himself or of others.

It is also reprehensible for physicians to give certificates attesting the efficacy of patented medical or surgical appliances, or of patented, copyrighted, or secret medicines, or of proprietary drugs, medicines, wines, mineral waters, health resorts, etc.

**II.—RULES GOVERNING CONSULTATIONS.**

Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity.

To promote the interests of the medical profession and of the sick, the following rules should be observed in conducting consultations.

The examination of the patient by the consulting physician should be made in the presence of the attending physician, and during such examination no discussion should take place, nor any remark as to diagnosis or treatment be made. When the examination is completed,

the physicians should retire to a room by themselves, and after a statement by the attending physician of the history of the case and of his views of its diagnosis and treatment, each of the consulting physicians, beginning with the youngest, should deliver his opinion. If they arrive at an agreement, it will be the duty of the attending physician to announce the result to the patient, or to some responsible member of the family, and to carry out the plan of treatment agreed upon.

If in the consultation there is found to be an essential difference of opinion as to diagnosis or treatment, the case should be presented to the patient, or some responsible member of the family, as plainly and intelligently as possible, to make such choice and pursue such course as may be thought best.

In case of acute, dangerous, or obscure illness, the consulting physician should continue his visits at such intervals as may be deemed necessary by the patient or his friends, by him, or by the attending physician.

The utmost punctuality should be observed in the visits of physicians when they are to hold consultations; but, as professional engagements may interfere or delay one of the parties the physician who first arrives should wait for his associates a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe; but if it be the consulting physician, he should retire, except in an emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in writing and under seal, to be delivered to his associate. — *New York Medical Record.*

**Births, Marriages, and Deaths.****BIRTHS.**

On the 13th inst., at 93 Brock Street, the wife of Dr. E. W. Spragge, of a daughter.

At Bracebridge, on February 14th, the wife of W. F. Shaw, M.D., of a son, still-born.

**MARRIAGES.**

At the residence of the bride's father, on the evening of the 7th inst., by the Rev. J. P. Calder, Dr. J. D. Cameron, of Iron Mountain City, Mich., to Kate, second daughter of E. McRae, Esq., of Lancaster, Ont.

On Thursday, February 16th, at Christ church, New York, by the Rev. Dr. Shipman, Dr. James B. Hunter, to Kate, daughter of R. G. McPherson, of Frederick, Md.

**DEATHS.**

At his residence, 184 Bathurst street, on Feb. 1st, Dr. J. P. Lynn, of this city, aged 42 years.

At Bracebridge, Ont., on Friday, February 17th, Mary Eveline Nicol Ritchie, beloved wife of Wm. F. Shaw, M.D., aged 24 years.

# THE Canadian Journal of Medical Science.

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## Original Communications.

### AN UNUSUAL CASE OF INTESTINAL OBSTRUCTION.

BY L. M. SWEETNAM, M.D., C.M.

The following case occurred in the practice of Dr. G. B. Smith, of this city, temporarily out of town, who kindly asked me to see the case with him, and these notes are an almost verbatim copy of those written by him as the case progressed.

January 25. Mrs. B., aged 32, was born in Ireland, and married ten years ago. Although never robust she has always enjoyed reasonably good health. Two years ago she had a miscarriage, losing so much blood as to endanger her life; thinks she never completely regained her strength after this attack. Her mother is alive (aged 68); her father died early. About two weeks ago she moved into the house in which she is now living, may have over exerted herself while moving; when in the house but a few days the cellar became flooded and remains so.

On Monday last the 23rd inst., she was in her usual health, her bowels were moved twice during the day, after the last motion she passed about four drachms. of blood, and complained of pain in the bowels, especially in the epigastric region.

On Tuesday, Jan. 24th, Opiates were ordered to relieve the pain, hot applications to the abdomen, and a dose of castor oil.

On Jan. 25, Dr. S. saw her with Dr. McC., the pain was still confined to the epigastric region, stomach irritable, milk and lime water ordered. As the oil taken yesterday failed to

operate, an enema containing an ounce of oil was ordered. Pulse 100, small and hard, temperature normal. Saw her again in the evening, vomiting had set in during the day, and the enema had proved ineffectual; ordered hydrarg. submur, grs. viii. to be taken at once. Pulse more frequent, temperature normal.

Jan. 25. Called between ten and twelve to-day. Stomach unable to retain anything for more than an hour or two; complains of weakness rather than of pain. No motion of the bowels yet, pain in the epigastrium somewhat relieved by mustard poultices. Pulse 120, temperature normal, or a little below.

Jan. 27. Temperature, 98; pulse, 126; stomach more irritable than ever, and vomited stercoraceous matter. Patient becoming very weak, ordered nutritious enemata every four hours. Gave two powders of pulv. jalapæ co., grs. xlv. in each. In the evening found that the pulv. jalapæ co. had been vomited, and that stercoraceous matter had been frequently ejected during the day. Patient cannot retain much of the beef tea injections as the greater portion comes away as soon as the support to the perineum is removed; ordered ol. crotonis gtt. ij. in ol. olivæ ʒij, also chloral hydrate ʒj doses to induce sleep.

Jan. 28th. Pulse small and scarcely perceptible at the wrist, temperature 97½. The ol. crotonis given last evening was vomited in fifteen minutes, as was also the chloral. As no food is being administered by the mouth the stomach is less troublesome, but the tendency to vomit is seen even when the lips are moistened with water. As we had so far failed to relieve the bowels we decided to endeavour to fill the intestines with water, by means of the

stomach pump; when we had injected forty-eight ounces the pain became so great that we were compelled to desist. As soon as the pressure which was being made upon the perineum was removed about six ounces came away. 7 p.m. Found it impossible to count the radial pulse. Patient complained of great pain in the region of the heart. Ordered stimulating enemata, and gave an injection of morphia.

Jan. 29. Mrs. B. died about 11 p.m. yesterday. In connection with the family history I should have said that Mrs. B. lost a sister five years ago, the symptoms in the two cases being almost identical.

Patient's tongue has been fairly normal throughout, abdomen tympanitic, and urine scanty but otherwise normal.

*Post mortem.* With Dr. S. examined the thoracic and abdominal viscera; lungs normal, a few old pleuritic adhesions, heart abnormally small, walls thin and fatty, liver, stomach, and kidneys healthy; spleen atrophied. Small intestines contained some of the water injected yesterday; found the jejunum and upper two-thirds of the ileum very much dilated, being equal in size with the normal colon. Four feet of the lower end of the ileum were very much contracted, on cutting across this portion of the intestine it was found that the tip of the little finger was with difficulty inserted, the intestinal wall being slightly thickened. The corresponding portion of the mesentery was very much thickened, principally by the deposit of fat, and in places would be three-sixteenths of an inch in thickness. The large intestine was normal as far as the rectum, the upper four inches of which presented the same appearance as the lower portion of the ileum, and past this contraction during life we had found it impossible to pass the tube of the stomach pump.

#### VIOLA TRICOLOR IN A CASE OF CHRONIC ECZEMA.

BY J. FERGUSON, B.A., M.B., L.R.C.P., EDIN.

Mr. F. G. was in Manitoba for a number of years, I think from 1872 till 1879. During his stay there he became a victim to a very

severe attack of eczema which obstinately resisted treatment. General and local means had been most diligently employed for a period of nearly two years and with no apparent improvement. The disease was mainly seated on the face, and the intense itching and burning pain was almost unendurable. There was great disfigurement. The skin very thick and infiltrated, was deeply fissured in many places. The whole condition was that of great chronicity. There had been formerly a great deal of exudation, but latterly a rather dry and scaly state of the skin.

All other modes of treatment were abandoned and the patient directed to use daily an infusion of *viola tricolor*, made by steeping two drachms in ten ounces of warm water. In a week a very active condition made its appearance. The skin began to discharge a great amount of serum, and there was more inflammatory action. The remedy was then discontinued for a short time, a mild saline diuretic one being substituted in its place. The *viola tricolor* was again ordered in much smaller doses, about forty grains every day, infused as above. This was continued for about six weeks. The treatment began on the 3rd of January, and dropped on the 1st of March. The general health has improved a good deal and the appearance of the skin is very favorable. There is still a slight tendency to scaling on various parts; but the perspiration is now pretty free over the entire surface of the body. I determined to rely wholly upon the *viola* and use no local applications. Large doses were at first given with a view to excite activity in the skin, this having been accomplished, the remedy was intermitted for a little while and then much less given.

The patient now sleeps well and enjoys a state of comfort unknown for several years. He is about sixty and of lymphatic turn. His health, however, had always been good up to the time of the present attack. His habits have been quite steady and no irregularities in diet could be assigned for the outbreak.

VICTOR THEODOR JUNOD, the well-known inventor of "Junod's Boot," and various cupping glasses, is dead, at the age of 78.



## GANGRENOUS CELLULITIS WITH SLOUGHING OF THE RECTUM.

BY UZZIEL OGDEN, M.D.,

Lecturer on Midwifery and Diseases of Women, in the Toronto School of Medicine.

On the 7th of January I was called to the country to see a lady suffering from mania, the result of overlactation and menorrhagia. She was 32 years of age, of delicate nervous temperament, the mother of four children, the youngest about seven months old.

The child had just been taken from the breast. Nourishing digestible food, tonics and mild purgatives were recommended, and in three or four days the mania disappeared, the appetite returned, and she became hopeful and cheerful. The improvement lasted about four days, when she became feverish, restless, and weak. She then passed, by a single stool, an enormous quantity of very hard scybalous matter, which was followed during the next few days by several very copious semi-solid evacuations.

On the 19th I was again requested to see her, when her attending physician presented me with "something very strange which she had passed from the bowels" a few hours before my visit. This proved to be a large slough, about four or five inches long, two inches broad, and about a quarter of an inch thick, but somewhat ragged and irregular.

On entering her chamber she was found presenting the ordinary symptoms of septicaemia, while two or three large fungoid growths occupied the left labium and perineum. The uterus was normal to touch and in its right place, and the anus enlarged as if the sphincter were partially destroyed.

On passing my finger through the anus, the whole pelvic cavity appeared to have been dissected out as cleanly as if it had been done with the knife: nothing was left but the vagina, uterus, muscles, and ligaments, with the bladder in front. I could pass my fingers between the muscles and ligaments at the sides of the pelvis and trace them to their attachments. Every vestige of the lower three inches of the rectum and pelvic cellular tissue had disappeared as far as my finger could reach, and the end of the rectum appeared to hang loosely in the cavity,

about three inches from the anus. As the cavity contained a quantity of horribly offensive matter, which was evidently poisoning the whole system, I washed it out with carbolized water, and while doing so a large quantity of half solid fecal matter was passed by the side of the syringe.

Directions were given to wash out the cavity with carbolized water, three or four times a day, and to let her have quinine and nourishment as freely as she could take them; nevertheless she continued to sink, and died in about nine days after my last visit.

The mania at my first visit presented all the usual characteristics of puerperal mania, although from the length of time it occurred after confinement it is called mania of lactation, and yielded readily to treatment, although at the time of my first visit she was very weak and restless, and very anxious to have her old medical attendant hung.

With regard to the extensive sloughing which took place, I think the large accumulation of hard fecal matter pressing upon tissues much reduced in vitality, excited a low grade of inflammation, which soon ended in the death of the parts affected; and that in all cases where the patient's consciousness is impaired, as in mania, we should ourselves ascertain by actual examination whether accumulations are taking place in the lower bowel, as I am quite satisfied that nurses and attendants are often deceived in these matters.

## CONCURRENT MORBILI (OR RÖTH-ELN) AND VACCINIA.

Reported by Dr L. M. SWEETNAM.

A. B., male, æt. 25. Never had any serious illness. Had mild scarlatina and parotitis. About seven days after exposure to contagium of measles, pain in the head and back (the latter only relieved by recumbency), elevated temperature, increased frequency of pulse, and loss of appetite with general depression occurred. These symptoms were persistent for ten days, gradually increasing in severity. At the end of this time a well-marked rigor occurred followed by still more marked febrile

symptoms. Three days after the occurrence of the rigor the characteristic eruption of measles appeared. The temperature on the evening previous to the appearance of the eruption was 103 three-fifths, on the following morning 104, and on the afternoon of the same day 105 three-fifths. After a cold sponge bath and the administration of a ten-grain dose of quinine the temperature rapidly fell, the thermometer next morning sinking to 99 four-fifths.

During the whole course of the disease no catarrhal symptoms were present, but a little injection of the conjunctival vessels.

The rash was diffused over the whole body in three days and then gradually disappeared in three days more, desquamation ensuing in the usual way. A peculiar feature was a re-appearance of the cutaneous eruption, three or four days after its disappearance and whilst desquamation was still progressing. It was especially noticeable if the patient was slightly chilled and sometimes would entirely disappear only to return again under similar conditions.

The patient was vaccinated with humanized virus, first remove, six days previous to the appearance of the rubeolous rash. At one point the vaccine virus being introduced by minute scarifications and at the second by scraping off the epidermis.

There was no evidence of successful vaccination until the tenth day after inoculation when a small papule appeared at the scarified point. The papule became a vesicle on the twelfth day and a pustule about the eighteenth, desiccation following in the usual way, thus running a regular course after the first appearance of the papule.

About three days after the first point had reached the stage of desiccation a second papule made its appearance at the point which had been denuded of epidermis. This, in due course, presented the characteristic appearance of a typical vaccine vesicle, being distinctly umbilicated. It promises to run through all the stages of a primary vaccination. About the beginning of this stage of vesiculation an erythematous blush—looking very like erysipelas—appeared around the vesicle and spread over the entire circumference of the arm and down as far as the elbow. Some axillary adenitis

was also present. As there were some cases of erysipelas in the hospital at the time, the patient was put on hourly doses of 20 minims each of Tr. Ferri Mur. and Liq. Ammoniae Acetatis and the redness subsided in twenty-four hours thereafter. Patient's temperature is, however, still (19th March) supra-normal, 99 three-fifths.

P. S.—The temperature fell to normal point on 23rd March.

The case is interesting, both in view of the unusual incubating stage, and as presenting an instance of concurrence of rubeola (or Rötheln) and vaccinia, or of one of those lately reported in numbers from the State of Illinois as vaccinia, attended with a Rötheln eruption, and also as a probable instance of what Dr. Warlomont, of Brussels, terms self *vaccinization*. Were it not for the presence of erysipelas in the building, we should adopt the practice recommended by Warlomont, of re-vaccinating from this and subsequent vesicles, if any, until immunity occurred. If the patient had measles, the temperature 105 three-fifths was very unusually high.

#### DISLOCATION OF RADIUS AND ULNA FORWARDS.

BY WM. CALDWELL, M.D., LAKEFIELD, ONT.

In completion of a series of rare dislocations, published in our columns in the last few months, we are much pleased to be able to present the following case in Dr. Caldwell's practice:—

On the 16th of May, 1878, I was called to see a little girl, aged about 10 years, daughter of Mr. H., residing within one mile of this place, who had received an injury at the elbow joint by having her crutch knocked out of her hand by her brother.

On examination found the forearm flexed on the arm and shortened; in the situation of the olecranon process the end of the humerus was projecting, leaving a deep depression between it and the forearm. I failed to elicit any crepitation, and not knowing at the time that dislocation of the ulna could take place forward without fracture was quite puzzled, but determined to reduce the dislocation, believing if any fracture existed I would discover

it in the attempt. While one of the friends held the arm I applied extension from the wrist with my left hand and with my right pressed firmly back on upper part of forearm, and soon the two distinct thuds of the dislocated bones relieved me from my anxiety. The arm made a perfect recovery there being no evidence of any fracture.

She was somewhat cachectic having suffered from knee-joint disease, the leg being ankylosed at an angle of about 45 degrees. She could not tell in what particular way she fell.

### SUDDEN CANITIES.

BY J. FERGUSON, B.A., M.B., L.R.C.P. EDIN.

(Assistant Demonstrator of Anatomy, Toronto School of Medicine.)

As there have been only a few well-marked cases of sudden canities reported, I take the liberty of stating one, which puts the possibility of its occurrence beyond all doubt.

Sometime ago an acquaintance of mine came to Toronto to stay for a few days to transact some business before his departure to Kansas, where he intended making his home. When I saw him there were only scattered grey hairs among the rest which were very black and glossy and well curled. His hair was coarse and strong, abundant and apparently healthy.

He was under my observation for a period of five days. This effected a complete change from the above condition to almost total grey-ness. He had never used any dressings of any kind on his hair. The microscope showed a great many air vesicles both in the medullary substance, and between the cortical and medullary substances. The coloring matter could be seen in the hair filaments as fine granular particles, evidently a broken-up condition of the diffused state of pigmentation which was still to be found in some hairs.

Mr. B. had met with a series of heavy business losses and was much worried. He stated that the window in the room he slept in was left up and that he felt as if he had caught cold. These were the only causes that could be ascertained for the change in color. It should be mentioned that there was slight loss of cutaneous sensibility in the scalp.

### Selections: Medicine.

#### EXTRACT FROM A LECTURE ON TUBERCLE,

*In the Course of Pathological Anatomy at the Middlesex Hospital Medical School, January, 1882.*

BY SIDNEY COUPLAND, M.D., F.R.C.P.

Physician to and Lecturer on Pathological Anatomy at the Middlesex Hospital.

GENTLEMEN,—Having, in my last lecture, given you as explicit an account of the general pathology of tubercle as far as I understand it, I propose to-day, before leaving this subject, to recapitulate to you these facts in the form of a concise summary. In doing so, you must allow me to adopt a somewhat aphoristic and dogmatic method; for I feel that upon this subject, of all in pathology, it is necessary for us to have clear and definite ideas. There is hardly any pathological question that has been so swayed by every wind of doctrine as this of tubercle; not even the subject of inflammation has been viewed from so many standpoints, and received so many and varied explanations. The conclusions I am about to give you do not claim to be anything else than the formulated expression of ideas gathered from time to time from various sources. They embody simply the essential points I have learned from others, confirmed, so far as opportunities have been given me, by my own *post mortem* experience. Therefore, they are in no way original or novel. I hope they may be nearer the truth in consequence; as near, that is, as our present knowledge allows us to go. My sole aim is to teach you the facts which are established, and the inferences that appear to flow from them, in the simplest and plainest manner.

1. Tuberculosis is an infective disease to which man and the higher animals are liable.

2. It is characterized anatomically by the formation of minute nodules or "granulations," composed of elements like those met with in granulation-tissue, the result of simple reparative inflammation.

3. These nodules, or elementary or primary "tubercles," may occur in an isolated manner, or, by their confluence, may form larger or smaller conglomerate masses.

4. The typical structure of each fully formed primary nodule consists in (a) a collection of lymphoid round cells, enclosed in a delicate fibrillar meshwork or stroma; (b) in an internal zone, more or less evident, of larger nucleated epithelioid cells; and (c) a central multi-nucleated or giant cell.

5. These "tubercles" arise apparently in connection with the lymphatic tissue that pervades the body. No region is exempt from them. They may occur in the substance of organs, in the bones and muscles, in serous membranes, as the pia-archnoid, pleura, pericardium, and peritoneum; in synovial membranes; in mucous membranes (arising in the submucous stratum), as in the mouth, pharynx, larynx, trachea, bronchi, intestines, and genito-urinary tract.

6. Being ill supplied with blood-vessels, they can only attain a certain size, and then perish. The central cells degenerate first, because they are the farthest removed from the nutrient blood-stream, and mutual pressure due to their increasing growth hampers their vital activity. They become fattily degenerated, soft, opaque, caseous, forming "yellow" tubercles, which, when isolated, are larger, and manifestly of older formation than the miliary translucent grey granules. Where such tubercles are confluent, larger and more irregular caseous masses are formed. Caseation may pass into cretification. On the other hand, there is no doubt that occasionally the tubercular nodules take on a fibroid change, passing from the stage of "granulation-tissue" to one resembling "cicatrical tissue".

7. Almost invariably there occurs, in the vicinity of the tubercular formation, some reactive inflammation. This may be protective by ultimately leading to encapsulation by fibrous tissue of the caseated tubercular focus; or, as more frequently happens, it aids in the disintegration of the surrounding tissues, and leads, with the necrosis of the tubercles themselves, to destructive ulceration.

8. Individuals who are prone to the development of tubercle are called "tubercular". The disposition may be inherited. Probably what we recognise as "struma" or "scrofula" is only one form of this: a tendency to tuberculosis of

lymphatic glands especially; just as in phthisical subjects we have a tendency to pulmonary tuberculosis.

9. The tubercular manifestation is, in the majority of cases, at first local, i.e., limited to one organ or tissue. It may remain so limited throughout life—may not even endanger life—or may lead to death by the local destruction to which it gives rise. On the other hand, it may be more or less widely diffused throughout the body of the same individual. This diffusion may be due sometimes to the simultaneous development of tuberculosis in many parts. More frequently, it is due to a secondary dissemination, by a process of infection.

10. This dissemination takes place, as in cancer, in two ways: viz., by direct extension, or infection of neighbouring tissues by contiguity; and by general distribution of the tubercular virus through the medium of the blood-system (including lymphatics).

11. The tubercular virus seems to be most potent, or, at any rate, to retain its potency, i.e., its infective property, in the caseous state.

12. Examples of the local extension of tubercle, or of propagation by contiguous infection are seen: (1) in the development of peritoneal tubercle from intestinal;\* (2) in the spreading of tubercle from one part of an organ (e.g. lungs) to another part; (3) in extension from lung to pleura;\* (4) in bronchial, laryngeal, and intestinal ulceration excited by the passage over their mucous membrane of material expectorated from a phthisical lung; (5) in tuberculosis of bladder and vesiculæ seminales following upon renal or testicular tubercle, etc. The mode of its local extension approximates tubercle to the neoplasmata, viz., by its elements exciting in the tissue they infect changes leading to the formation of cell-masses resembling the primary focus.

13. The generalisation of tubercle is shown in the disease known as acute miliary tuberculosis, which is characterised by an eruption of miliary granulations in diverse organs and tissues. Its mode of occurrence may be (as above) compared to the general dissemination of secondary cancer, or, perhaps with equal truth, to the metastatic suppuration of pyæmia.

\*In these cases, probably by extension along lymphatic channels.

With few exceptions, it appears to necessitate a primary tubercular focus to give rise to it. It is believed that the infective virus, whatever it be, enters the blood-stream at this local focus, and is thence widely disseminated, the resulting growths being for the most part miliary, grey, and translucent; life not, as a rule, being prolonged for a sufficient length of time after the occurrence of the generalisation to permit of the growths becoming confluent or caseous. As the membranes of the brain are generally involved in this widespread infection, death occurs early.

14. Lastly, tuberculosis is inoculable. In this respect it resembles pyæmia, and differs from the cancers; for there is reason to think that it may be and is communicated from one human being to another, *e.g.*, from husband to wife, and *vice versa*; and that it can be inoculated in animals from man (artificial tubercle). There is, further, a possibility, based on certain peculiar morphological resemblances of the formations, that bovine tuberculosis is communicable to man.

15. If the foregoing data be true, it follows that tuberculosis is an infective disease, probably due to the presence of a virus, which gives rise to the development of peculiar tissue-formations, capable of localised or general propagation in the body, and characterised mainly by their tendency to early disintegration.

16. Until the nature of the virus is known, it is impossible to formulate data concerning the conditions under which the disease arises in subjects free from inherited taint.

#### ON THE TREATMENT OF SOME FORMS OF PNEUMONIA.

BY D. BIDDLE, KINGSTON-ON-THAMES.

I wish to draw attention to the remarkable effects produced by the perchloride of iron, combined with hydrocyanic acid, in cases of pneumonia of a low type, especially those due to blood-poisoning. Most practitioners will agree in having seen cases of pneumonia run a course so like, in its general aspect, that of erysipelas as to lead them to imagine that they might be due to a similar cause, taking effect

in the interstitial substance of the lung, instead of in the subcutaneous tissue. I have seen many such, and I have begun to apply a similar treatment, with, as I say, truly marvellous effects. The first case of the kind in which I ventured on this treatment was that of Mrs. G., aged 35, who had double pneumonia, with pleurisy on the right side, in February of last year. When I first saw her, the pulse was 140, the temperature in the axilla 103°, and the sputa of a deep rust colour. I ordered mustard and linseed poultices, and the following mixture: R. *Liquoris ferri perchloridi fort.* ʒij: *acidi hydrocyanici* (Scheele) m. viij; *aquam ad* ʒviij. M. Two tablespoonfuls to be taken every hour, with an intervening teaspoonful of brandy in water. After thirty hours, the pulse had fallen to 100, the temperature to 99°, the sputa were entirely devoid of blood, and the breathing was almost normal. This patient made a rapid recovery.

In the last case of the kind coming under my notice, which occurred last week, the patient seemed to be in a state of collapse, or syncope; the pulse of 144; the breathing in short gasps; the finger-ends, as seen through the nails, of the colour of a thunder-cloud; and both lungs in a state of clog. Delirium also lasted a whole night. She had complained of shortness of breath, and had a phthisical aspect and family history, but had never had any cough until the present time. I ventured upon the same treatment with her; and her pulse is now 96, temperature all but normal, sputa devoid of blood or discolouration of any kind, and she herself anxious to get up.—*British Medical Journal*.

#### HYALINE TUBERCLE.

In a lecture on Miliary Tubercle given before the Vienna Medical Society, Dr. Chiari pointed out how considerable has been recent progress in the histology of tubercle, since we now recognise as such not only that which consists exclusively of round cells, large and small, but also miliary tubercles which possess a strongly developed reticulum, in the meshes of which so-called epithelioid cells lie, and also varieties with a distinct fibrous connective tissue. Hence the histological distinction into

lymphoid, reticular, and fibrous tubercles. All three forms ordinarily contain some giant cells, and all exhibit a progressive caseation extending from the centre to the circumference. There are, however, certain exceptions to this usual tendency to caseation. Some miliary tubercles present a peculiar hyaline transformation. This change was first observed in the miliary tubercle from the liver of a child aged four years and a half. The tubercles in the brain, lungs, and bronchial glands, in the same case, presented the ordinary aspect of lymphoid tubercle. The clear hyaline aspect of those in the liver gave them a very peculiar appearance. It is believed to depend on a hyaline degeneration of the reticulum, and resembles most closely the hyaline degeneration of the capillaries of the brain. Dr. Chiari conjectures that it may be regarded as a benign change, opposed to the caseation which tends to infection.—*Lancet*.

**SANDERS ON HÆMORRHAGE INTO THE VENTRICLES OF THE BRAIN.**—The symptomatology of primary, intermediate, or direct hæmorrhage into the cerebral ventricles, has been carefully investigated by Dr. Edward Sanders of New York, from an analysis of the clinical histories of ninety-four cases which he has diligently collated. The results of the study form an important contribution to the literature of this little known subject, and are published in the October (1881) issue of the *Amer. Jour. of the Med. Sciences*. The premonitory symptoms, as indeed those of onset, do not differ materially, where the effusion takes place primarily into the ventricles, from those of ordinary cerebral hæmorrhage. Cephalalgia is the most common and constant of the premonitory symptoms, and may have existed for a long time; dizziness is less frequently observed. The attack may be immediately fatal, or it may be ushered in by convulsions, by paralysis without loss of consciousness, by paralysis with partial or complete loss of consciousness or by partial or complete loss of consciousness without paralysis: the latter being the most frequent mode of onset met with in primary intraventricular hæmorrhage, at least in this particular series of cases. The

symptoms are elaborately considered. As regards the leading phenomena and their significance, it is stated that coma, whether light or profound, is to be considered "as a constant symptom of primary intraventricular hæmorrhage." As regards motor disturbances, no direct relation can be traced between the seat, amount, and extent of the ventricular extravasation and the presence or absence of muscular contractures; and the greatest variation is noticed in different cases in the amount, persistence, permanence, or tetanic characters of the spasm. Sanders says, in regard to general clonic convulsions, that he believes them to be 'one of the most important and frequent symptoms of immediate ventricular extravasation.' This may be attributable to direct injury from the effusion, or to its pressure upon adjacent motor centres. A careful comparison of simple and complicated cases, however, shows 'that the variety and extent of the complication has no essential bearing in the occurrence of convulsions, the ventricular extravasation itself being undoubtedly the inducing cause.' The *tâche cérébrale* may also be present. Where apparent improvement takes place, it is generally soon followed by symptoms of the most aggravated kind, terminating in death, no second remission having been observed in a single case.—*London Medical Record*.

**NOTHNAGEL ON THE PHYSICAL EXAMINATION OF THE FÆCES.**—This author considers the macroscopic and microscopic examination of human stools more important than the chemical, and has carried it out in 800 cases, arriving at certain results (*Zeitsch. für Klin. Medicin.*, Band iii), of which we give the following. 1. Small round scybalous masses are not necessarily the result of intestinal stricture, but may be caused by paralysis of the peristaltic action of the colon allowing their formation in the pouches of the colon. 2. The reaction is mostly alkaline, but in infantile diarrhoea, frequently acid. 3. The colour is not caused by bile-pigment, which is not found in normal stools, but is present in the greenish-yellow stools of children and in the yellow mucus particles seen in the stools of adults. 4.

Various lime-salts are found microscopically in the stools, but none of clinical importance. 5. Undigested food is also found in the fæces. Starch-granules are rare, even where the food is a plentiful starch-diet. They occur in larger quantity, however, in the stools of convalescents from typhoid fever. Muscle-fibres are commoner than starch-granules, being more difficult of digestion. 6. Mucus appears either as distinct masses or intimately mixed with the fæces, and detected only by the microscope. 7. Cylinder epithelium appears frequently; but round cells, such as are seen in the bronchial section, are comparatively rare. 8. Blood and the eggs of intestinal parasites appear frequently, the blood, although apparently fresh, being almost always disintegrated.—JAMES ANDERSON, M.D., in *Lond. Med. Record*.

SCHULZ ON THE PARALLELISM IN THE ACTION OF CONIIN AND CURARE.—This writer has been induced by the great differences in specimens of curare and curarin to experiment with hydrobromate of coniin as a substitute (*Zeitsch für Klin. Med.*, Band iii). The effect is similar; paralysis of the motor nerve extremities with slight muscular contractions, as with curare. The heart's action persists to the end; the nerve-centres are not directly affected; and the sensorium, as in the well-known case of Socrates, remains clear till shortly before death. The hydrobromate is readily soluble in water, and keeps better than the pure alkaloid.—*London Medical Record*.

FOOT ON HICCOUGH LASTING TWENTY-SIX WEEKS.—In the *Brit. Med. Jour.*, Dec. 1881, p. 983, Dr. A. W. Foot details the history of a lad, aged 15, whom he was called to see after he had been hiccupping, without ceasing, except during sleep, from Nov. 5, 1880 to April 6th, 1881. The attack came on quite suddenly. He had previously suffered from shorter attacks on two occasions. A month's treatment with hemp and iodoform cured the patient. The average rate of hiccupping was 840 per hour, and it lasted, without intermission, except during sleep, for twenty-six weeks.—RICHARD NEALE, M.D., in *Lond. Med. Record*.

NICOTINISM.—Dr. Allen McLane, Hamilton, in his work on nervous diseases, says, that for the person who presents decided nervous symptoms, traceable to tobacco, no better treatment can be suggested than the continuous use of a tonic containing iron, quinine, and strychnine, such, perhaps, as the following:—

R Strychniæ sulphatis..... gr. j.  
Quiniæ sulphatis ..... 3j.  
Tr. Ferri chloridi ..... 3v.  
Acidi phosph. dil.  
Syr. limonis ..... 3ij.  
M. Sig.—One teaspoonful in water thrice daily.

Dr. Hamilton's prescription for Epilepsy:—  
R Strychniæ sulph. .... gr. i.  
Fl. ext. ergotæ ..... 3m.  
Sol. potass. arsenit. .... 3ij.  
Sodii bromid ..... 3m.  
Tr. Digitalis. .... 3iij.  
Aque menth. pip. ad. .... 3iv.  
M. Sig.—A teaspoonful before eating in a half tumblerful of water.

SMITH ON CHLORAL IN BELLADONNA-POISONING.—In the *Lancet*, Oct. 1881, p. 589, Dr. Protheroe Smith reports a case of belladonna-poisoning from inadvertence, the dose being from half an ounce to an ounce of the liniment, which was taken at 5 A.M. The lady was seen at 9 A.M., and a mustard emetic caused free vomiting. She was treated with opium, stimulants, and food. Next day, at 11 A.M., she remained still incoherent, restless but with a fuller pulse. At this time half a drachm of chloral-hydrate was given. In half an hour she regained consciousness, and, after enjoying a refreshing night's rest, was next day quite herself again.—*London Medical Record*.

Prof. Drasche, of Vienna, in a lengthy article shows that many cases of severe neuralgia are caused by diabetes. These neuralgic affections are worse at night, and are usually symmetrical. He recommends morphia and quinine in large doses, with cold packs, and bathing; and a milk diet long continued, greatly improved the condition. The sugar first began to disappear and then the pains.—*Wien. Med. Woch.*

## Surgery.

### THE DIAGNOSIS OF EPITHELIOMA OF THE TONGUE.

BY HENRY T. BUTLIN, F.R.C.S., ENG.

Assistant-Surgeon, and Demonstrator of Surgery and of Diseases  
of the Throat, St. Bartholomew's Hospital.

Most surgeons will admit that, if operations for the removal of epithelioma of the tongue are to be undertaken with any prospect of permanent success, they should be performed at the earliest possible period of the disease, while yet but a small segment of the tongue is affected and the lymphatic glands are sound. Most surgeons will agree, therefore, that a certain and early diagnosis of epithelioma of the tongue is exceedingly to be desired. No means, however, are described by which a certain and early diagnosis can be effected. The characters which chiefly are relied on are, the sinuous outline of the epithelial ulcer; its raised, everted, nodular borders; its glazed, or foul and ragged surface; and the surrounding induration. But every surgeon knows how often one or the other of these characters is absent, and how often many of them are simulated in a tuberculous or syphilitic ulcer, and how difficult the diagnosis of certain cases is, not merely in their early stages, but when they have existed many months. Mr. T. Smith's case, reported from the St. Bartholomew's Hospital consultations in the last volume of the JOURNAL (1881, vol. ii, page 1,015), affords an admirable illustration of the difficulty of distinguishing between epithelioma and tertiary syphilis of the tongue. It shows, too, the disastrous result which follows the practice of deferring an operation until the effect of anti-syphilitic remedies has been observed.

This watching of malignant ulcers, and studying the effect of remedies upon them, is so common, that a surgeon, so far from being blamed for following it until the disease is too far developed for operation, would more probably be blamed for adopting the opposite principle, and freely cutting out a disease of doubtful nature. It is at present almost impossible to make a certain diagnosis of all forms of malignant ulcers in all parts of the body;

but in the tongue I believe it is possible, and not extremely difficult.

The structures of which epithelioma is composed are very characteristic, and lie so close to the surface that they can easily be procured for examination by scraping the surface of the ulcer with a blunt knife or Volkmann's spoon, or any similar instrument. In addition to pus, and blood-corpuscles, *débris*, and microzymes, numerous epithelial cells are always present, but differ widely from the normal epithelium of the tongue. Many of them are smaller than the normal cells; others are much larger; the nuclei of both kinds are several times larger than the normal nuclei. All the cells are granular; some of them are clouded and opaque with granular matter. Some contain large round or oval spaces, clear and well defined. Many of them have more than a single nucleus, and some contain smaller cells with nuclei and nucleoli. The shape of these abnormal cells varies as much as does their size; some are round, some oval, some quadrangular or polygonal, some tapering at one end, and some at both ends. With these distorted and fantastic cells, normal epithelium may be mingled; but the normal cells are few in number, while the diseased cells are many.

Sometimes, and not unfrequently, even more characteristic structures than those described are found, *i. e.*, cell-nests, or portions of cell-nests.

I first applied this method of examination in the case of an epithelioma of the tongue in a young man, where the diagnosis was difficult, partly on account of the patient's age (29). The microscopic characters of a scraping dispelled all doubt of the nature of the disease. I have since used it in several difficult cases with the greatest satisfaction. In order to prove that the test is reliable, I have made sections after removal of the epitheliomata which have been scraped and examined before removal, and have thus been sure that the diagnosis was correct. I have also examined scrapings taken from other kinds of ulcers of the tongue, and have never found structures resembling those of epithelioma. Pus, and blood, and granulation-corpuscles are present in large quantities. Micrococcus-masses, *débris*,



and normal epithelium are almost always present; but diseased and altered epithelial cells are not found.

I can, therefore, confidently state that the structures I have described are found in epithelial carcinoma of the tongue, and they are not found in any other kind of ulcer with which I am acquainted. I cannot yet say when these structures begin to be formed, and, therefore, how soon an epithelioma may be recognised by examining a scraping from it. But I know that they are early formed: for I have found them in ulcers of only a few weeks' duration, which few persons would have ventured certainly to diagnose and treat as cancerous, had it not been for their presence.

I do not, of course, allege that this proposition, thus to examine malignant ulcers, is original; but I desire to place it on a firmer footing than hitherto; to show how far it is reliable, and in what cases it should be used.

The method is very simple, and very easily applied. The surface of the ulcer to be examined is cleaned by lightly brushing it, or gently scraping it with a blunt instrument; a slightly deeper scraping is then taken, mixed with a drop of water on a glass slide, and examined with a quarter-inch power, or No. 7 Hartnack. The pain produced by this operation is so trivial that it seldom calls forth a complaint; and the scraping may be repeated several times, if necessary, without seriously inconveniencing the patient. It may be employed, not only for epithelioma of the tongue, but for squamous epithelioma (squamous-celled carcinoma), whenever it occurs in accessible situations. I have used it for epithelioma of the upper jaw, the face, the penis, and the uterus. I am afraid it cannot be employed, however, for malignant ulcers other than squamous epitheliomata with any degree of certainty; for the structures of which most of them are composed are not sufficiently characteristic to be easily recognised.

One caution may be given. It must not be too hastily assumed that an ulcer is not epitheliomatous because these structures are not at once discovered. If its general characters be suspicious, it should be repeatedly examined before a definite conclusion is arrived at.

I hope it will not be believed, because I re-

commend so strongly this method of diagnosis, that I am insensible to the general characters of epithelial ulcers, or that I desire others to take no notice of them. On the contrary, I think they should be as carefully studied in the future as in the past; and, when any of them can be shown to be reliable in diagnosis, the microscope should be dispensed with.—*British Medical Journal*.

### NERVE-STRETCHING.

The rapid spread among neurologists and surgeons of the operation of nerve-stretching illustrates alike the barrenness of our therapeutics and the zeal of the profession. It is thirteen years since Billroth, unexpectedly to himself, cured a case of reflex epilepsy by stretching the sciatic nerve. Three years later, in 1872, Nussbaum reported a case in which he had cured a spastic paralysis of the arm by stretching the lower cervical nerves. Nevertheless, as late as 1877, when Vogt first published his monograph upon nerve-stretching, he could collect only ten reported cases. In these cases nerve-stretching had been done chiefly for painful or spasmodic troubles.

The popularity of the operation became first established in 1879, when Langenbuch published his case of nerve-stretching for locomotor ataxia. In so hopeless and painful a disease as this almost any remedial measure which offered any promise would be eagerly adopted. Langenbuch found many imitators, and the operation soon became widely known.

Dr. Carl Gussenbauer, reviewing its history in the *Prager Medicinische Wochenschrift*, states that already about two hundred cases of nerve-stretching for various diseases have been reported.

The application of nerve-stretching has now been widely extended in its application to disease. Neuralgias of the fifth cranial nerve, intercostal neuralgia, sciatica, and traumatic neuralgias of the arm have been treated by this method; also epilepsies and paralysis agitans, spasms, contractures, and anæsthesias, whether of central or peripheral origin. Central diseases, such as myelo-meningitis, transverse myelitis, lateral sclerosis, multiple

sclerosis, progressive muscular atrophy, athetosis, etc., are reported as having been more or less benefited by nerve-stretching. Langenbuch, who has operated in about thirty cases, reports rapid and complete cure of a case of chronic pemphigus, and also of senile pruritus, by this new procedure. De Wecker, of Paris, has even devised an operation for stretching the optic nerve, and it seems as though the surgeon would soon have his hands on every nerve in the body.

Of the absolute therapeutical value of the procedure it is impossible to speak positively as yet, except that in ataxia the results are discouraging. Gussenbauer, however, furnishes some facts regarding what results have so far been accomplished. In nerve-stretching for neuralgia—trigeminal, intercostal, sciatic, etc,—in 65 cases there were 38 cures and 14 improvements.

In reflex epilepsy, clonic spasms, and painless contractures, among 23 cases there were 12 cures and 9 improvements reported.

In trismus and tetanus, among 28 cases, only 8 were relieved; the remainder died, 8 with some previous evidences of improvement.

Many cases of anaesthesia have been improved. Lawrie, of Calcutta, reports 30 cases in which nerve-stretching had been done to relieve the anaesthesia of leprosy. The results were more or less favourable.

The reasonableness of nerve-stretching as a therapeutical measure can be better understood when we remember that it is simply a mechanical procedure, allied in kind to nerve-pounding, massage, powerful electrical currents, etc.

The nerve is a ribbon of slight elasticity, but quite extensible. The sciatic nerve can be stretched 10 cm. with a weight of 60 pounds (Vogt). The ulnar nerve can be stretched one-twenty-fifth of its length, and it will then resume its original length if the stretching is not prolonged. The extension of the nerve affects various parts differently. It slides in its sheath, and Vogt, without good grounds, considers this to be the chief thing that happens in nerve-stretching. If stretching is slight, and does not go beyond the limits of

the normal elasticity of the nerve-structures, this sliding may be all that happens. But if nerve-stretching is violent or prolonged, not only the relations of the sheath and the elasticity of the tissue, but the cohesion of the nerve-tissue itself is affected. Microscopical examinations of stretched nerves show that there may be a more rapid coagulability of the medullary sheath (Schleith), a separation of this sheath from the neurolemma (Valentin), or a solution in the continuity of the axis-cylinder and medulla, as a result of the violence done.

The question whether by stretching the nerves the cord can be appreciably moved, is not settled. There is about an equal number of experimenters upholding each view. Some of the evidence, *pro* and *con*, was given at the last meeting of the Neurological Society, reported in this issue. It is quite certain, at any rate, that the stretching affects the cord in some way, in a minority of cases.

What the results of nerve-stretching upon the function or nutrition of the cord may be is also doubtful. So far it seems, as a rule, to have been very slight. Its effect upon the nerve-trunks, however, is a direct and appreciable one. Many experimenters have confirmed the fact that stretching a nerve impairs or destroys its irritability, and this independent of the circulation. We know, also, that it can break up the inflammatory adhesions of a perineuritis, and can alter the relations of the nerve with its blood-supply.

It is evident, on the whole, that we have in nerve-stretching an addition of some value to mechanical therapeutics.

Furthermore, it seems probable that the so-called subcutaneous nerve-stretching may, in many cases, take the place of the cutting operation. This will make the procedure a very simple one.

It should be added that American neurologists and surgeons have added not a little to our knowledge of the value of this operation, as may be seen by the recent paper read at the Neurological Society, by Dr. Morton, and by a recent article of Dr. Ashurst's in the *Philadelphia Medical Times*.—*New York Medical Record*.

## IMPURITIES OF CHLOROFORM.

M. Regnault, at the Academy of Medicine, recalled the discussions relative to the impurities in chloroform used for surgical purposes, and the accidents which may supervene in consequence. He mentioned the unreliability of the ordinary permanganate test.

M. Gosselin had long been of the opinion that the accidents were due to the faulty method of administration, rather than to the impurities of chloroform. His method of administration was to cause the patient to take four chloroform inspirations, then two inspirations of pure air, then six of chloroform and two of air, then eight of chloroform and two of air, and so on, separating by two inspirations of pure air the lengthening series of chloroform inspirations. He thought the accidents were due to individual disposition, for all patients were not affected in the same manner by the same chloroform on the same day.

M. Verneuil considered the best, surest, and most practical test for the impurities of chloroform was the sense of smell. He, like M. Gosselin, considered the fault to be in the method of administration rather than in the contained impurities. He considers the accidents largely due to personal habits and diatheses. The only objection he had to chloroform was that it produced by its instant action upon the pharynx a spasm of suffocation—this did not occur in patients previously tracheotomized. The quality of the chloroform he considered of secondary importance; all depends upon the mode of administration. M. Maurice Perrin, on the contrary, considers the minor accidents, such as inability to produce anaesthesia, vomiting, &c., of which alone he is speaking, to be due to the contained impurities, and that they have nothing to do with the mode of administration. For thirty years he has used chloroform, yet it is only since 1878 that he has noticed it acting differently; with purified specimens he has obtained the good results of former times without being able to state precisely in what these impurities consist, he considers himself justified in attributing these accidents to the impurities of the drug.

M. Regnault thought that even the purest chloroform was susceptible of rapid alteration on exposure to the light, and in contact with a fatty body. He recognised as good chloroform that which poured upon a piece of paper folded in two retained its agreeable odour until complete evaporation. He thought some people had the chloroform sickness as others had seasickness.

## SUCCESSFUL REMOVAL OF A TWENTY POUND CYST OF THE PANCREAS.

Dr. N. Bozeman, of the Woman's Hospital, New York, reported at a late meeting of the N. Y. Pathological Society (*Medical Record*, Jan. 14, 1882), the case of a lady, wife of a distinguished physician of Texas, who came to the hospital for the removal of a supposed ovarian tumor. Such had been the diagnosis given by all who examined her. The tumor had been growing for five years. It was exposed and two and a half gallons of fluid removed by tapping. On passing the hand into the abdomen the operator soon found that it was not attached to the ovaries or to the uterus, and after some difficulty traced it to the tail of the spleen, from which it was removed by careful dissection. The pedicle was about three-fourths of an inch long, and the same in diameter, and though it contained several large veins, there was no hæmorrhage, and not a single ligature was required. The weight of the fluid and tumor was twenty and one-half pounds. Its point of attachment, says Dr. B., was almost precisely in the position occupied by the bullet in the late case of our deceased President. The patient underwent special preparation for the operation. She took salicin, fifteen grains three times a day for two weeks. On the morning of the day on which the operation was performed she received fifteen grains of quinine with one of opium, and when she went upon the table she was thoroughly "cinchonized." The patient rallied from the anaesthetic and from the operation without any shock whatever. After the operation she took by the rectum, at intervals of six hours, ten grains of quinine with two ounces of beef-juice, half a drachm of liquor

opii comp., and two drachms of brandy. On the third day the temperature reached its highest point, 101.5° F., but the pulse never rose above 98. Subsequently the pulse fell to 80, and the quantity of quinine was gradually lessened, but on the eighth day after stopping the quinine the temperature rose to 102.8° F. The quinine was again resumed, ten grains every six hours, and the temperature, in the course of thirty-six hours, fell to 99.5° F., and subsequently the patient had progressed in the most satisfactory manner, and there was every prospect of a complete recovery. She was discharged cured, January 9, 1882, the thirty-eighth day after the operation.—*Pacific Medical and Surgical Journal*.

**ANÆSTHETIC MIXTURES.**—The Vienna mixture, with which eight thousand operations have been performed without an accident, consists of ether, 3 parts; chloroform, 1 part. Billroth's favourite anæsthetic mixture is chloroform, 3 parts; ether 1 part; alcohol, 1 part. An English mixture, known as the A. C. E. mixture, consists of alcohol, 1 part; chloroform, 2 parts; ether, 3 parts.

Owing to the different volatility and specific gravity of the various anæsthetic liquids, the vapors have, necessarily, a different composition from that of the mixture "themselves. The value of a mixture must, therefore, in part, be determined empirically. Some experiments have been made in the mixing of heart-stimulants with chloroform. Sanford mixed one pound of chloroform with two drachms of amylnitrite. Others have added oil of turpentine to the chloroform. The objection so far has been that such mixtures cause a headache.—*N. Y. Medical Record*.

**PERILS OF ETHER.**—Professor Briggs (*Nashville Journal of Medicine and Surgery*) had an unpleasant experience during the administration of ether. The vapours of the anæsthetic agent were ignited by the flame of the spirit-lamp of the spray-producer. Fortunately no serious effects resulted, and the operation proceeded to a successful termination. This was the first accident of the kind that had ever occurred at the Hospital Clinic.

**CHRY SOPHANIC ACID EXTERNALLY.**—Dr. Geo. Henry Fox, in the *Medical News*, recommends the following method of employing chrysophanic acid, so as to avoid the severe dermatitis, and the spoiling of underclothing and bed-linen apt to ensue from its use:—"A soft paste is made by rubbing the chrysophanic acid with a sufficient quantity of water, and smeared upon the psoriatic patches, the scales of which have been previously removed by one or more hot baths, with soap friction. As soon as the paste has dried, which it does in one or two minutes, a layer of collodion should be allowed to flow over each patch, and to harden into a protective coating!" This will remain for several days; when it falls, or is displaced, the application should be renewed.

**OLD STANDING LUXATION OF SHOULDER—REDUCTION.**—M. Pollaillon reports the reduction of an intra-coracoid luxation of the left shoulder, of four months' duration. In a first trial, using a traction force of 115 kilo. for fifteen minutes, he reduced it to a sub-coracoid. After a rest, he sub-cutaneously divided the fibrous bands which existed at the external part of the articulation, and which had appeared to be an obstacle to the re-entrance of the head into its cavity. Afterwards the head was easily drawn into its position, and the patient has recovered all the motions of the arm.

**UNNA ON THE TREATMENT OF CICATRICES.**—Unna has found (abstract in *Viertelj. für Derm. und Syph.*, Heft 2 and 3, 1881, p. 499) the cicatrices of smallpox, and after ulceration, much improved in appearance by daily rubbing with fine sand. A small sponge soaked with soap lather, is dipped in the powder collected from the debris of marble, and is then steadily rubbed over the cicatrix. The resulting improvement is attributed to the stimulating effect of the mechanical irritation.—*London Med. Record*.

Billroth has exhibited arsenic in large doses in malignant lymphomata. He gave gtt. v. Fowler's solution and gradually increased to gtt. xxx. or xl., and only stopped increasing if troublesome intoxication came on. He has in this way secured good results, and, as it were watched a self cure. There was passing fever, and the remedy seemed to cause diarrhoea and vomiting at times.—*Wien. Med. Woch.*

### Midwifery.

#### DEATH AFTER OVARIOTOMY, DUE TO PRELIMINARY TAPPING.

BY LAWSON TAIT, F.R.C.S., BIRMINGHAM, ENGLAND.

In the last series of one hundred operations which I have performed for the removal of ovarian cystoma, there have been three deaths, and in all of these cases the patients had been previously tapped. The deaths were all of the same kind, and were due to the same cause—heart-clot; and they would, I feel sure, most certainly not have occurred but for the tapping. With such an experience, I think it quite time that a strong opinion was pronounced against the practice of tapping ovarian tumors in all cases where removal of the disease is possible.

I propose to allude particularly to only one of these cases, and to give it without any details, such as might lead to its identification, for I do not desire to convey an impression that I blame the gentleman who performed the tapplings. He was but carrying out the principle which until lately governed our practice in such cases: to palliate and stave off the major operation as long as possible. Whilst the mortality of ovariectomy with the clamp was *twenty-five per cent.* this was the correct thing to do, but now that the mortality is only *three or four per cent.*, especially when the whole of that very small death-rate seems to be due entirely to conditions produced by delaying the operation, we must reverse our practice and perform ovariectomy in an early stage of the disease. If my operations were confined to cases which had never been tapped, I think I should have no mortality at all, or, at any rate, less than one per cent.

The case in question was one in which neither the age of the patient nor the character of the tumor were such as to warrant an unfavorable prognosis, but I told my friend who sent me the case that she would probably die of heart-clot in thirty or forty hours after the operation, because she had been tapped a great many times. On the day of operation she was of immense girth, yet sixty pints of fluid had been taken from her only a few days before.

The fluid was intensely albuminous, that is to say, it was made viscid by a large amount of one or more of those mysterious inconstant coagulable substances found in ovarian and ascitic fluid. I have made prolonged researches on the nature of these substances, and so far I have found no two exactly alike, and, therefore, I look upon it as hopeless to expect that we shall ever be able to reduce them to order or to a satisfactory nomenclature. It is perfectly certain that the abstraction of these albuminous substances in large quantities deprives the blood of some very important items of its constitution, and it is no less certain that when the blood has been robbed of these substances the rest of its constituents, or some of them, have a tendency to coagulate in a most unusual way. The patient of whose case I am speaking did not look anæmic, and she was not very much emaciated, but within three years she had had at least seventy gallons of fluid, with about eight per cent. of solid matter in it, removed by tapping.

Unfortunately the result of the operation fulfilled my prediction. In a few hours the swelling of her legs, the difficulty in breathing, the slight delirium, the rapid rising of her pulse and its speedy disappearance from the extremities, showed me that my previous experiences were being repeated. From the point of ligature in the stump a firm, colorless clot began to grow. It gradually occupied the whole venous system, finishing its work in thirty-six hours. Such an ending I have never seen in any case in which there had been no repeated previous tapping. I conclude from this and from the fact that all the three deaths in my last hundred cases have been of exactly the same kind, that ovarian tumors should never be tapped until it has been ascertained that they cannot be removed.

If a patient is once tapped she insists on its repetition, as long as she gets a few weeks' relief from it, whereas, if she had the tumor removed in an early stage, she would have permanent relief without risk. The first tapping is, therefore, the step that is to be avoided, for not only is it risky in itself—far more risky, I believe, than the removal of an untapped ovarian tumor—but it complicates the subse-

quent operation in a very fatal manner.—*N. Y. Medical Record.*

**STATISTICS IN THIRTY-TWO CONSECUTIVE OVARIOTOMIES.**—During the year 1881, Dr. John Homans, of Boston, has undertaken to operate upon ovarian tumors on thirty-five different occasions. In three of them exploratory incisions were made, and further operative procedures abandoned. These patients all subsequently recovered. Of the thirty-two cases, twenty-nine recovered. The tumors varied in weight from five to forty-two and one-half pounds. In twelve, adhesions existed. Among the successful operations was one upon a lady seventy-three years of age.—*N. Y. Med. Record.*

**INCONTINENCE OF URINE IN CHILDREN.**—Dr. Janeway, in the *N. Y. Medical Record* says, the combination of ergot, belladonna, and iodide of iron, proves more useful for incontinence of urine in children than either of the drugs alone, or than any other combination which has been tried.

### Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

#### OUR MEDICAL TARIFF ASSAILED BY A COUNTY COURT JUDGE.

##### GRATUITOUS INSULT TO THE PROFESSION.

DEAR SIR,—I send you a short history of a rather unique case in order that those who meet with similar cases may benefit by this one, and not allow the treatment of it by our Division Court Judge to become a precedent. The case is as follows:—In the spring of 1880, Dr. Clarke, of this town, and I were asked by a solicitor, on behalf of members of a family, to provide them with a joint certificate containing an opinion of their father's competency to take charge of his affairs. We did so. The aged father was, previous to this and some time afterwards, under my care. Dr. Clarke received his fee from a member of the family shortly after rendering his services. I received mine—six dollars—one dollar for mileage, in due time from the solicitor for the estate. Nearly three

months after the certificate referred to was given, another member of the family asked me if I could furnish him with a certificate such as I had given the estate. I told him I could not give him a copy as I did not keep one, but that I could furnish him with a similar certificate. He called afterwards with a brother, and asked for a certificate to be furnished by Dr. Clarke and myself. He called again and got it. I rendered him an account of five dollars on three separate occasions, after which he called on me and denied any responsibility for payment, stating that he had been acting for his brother, and asked why I did not send it into the estate. I placed the account in a collector's hands, and he sued it in the Division Court on March 1st. inst., Judge Jones presiding. After hearing the facts of the case, the Judge did not question defendant's responsibility in the matter, but remarked that the services rendered in giving the second certificate were not equal to those of the first, and consequently reduced the account to three dollars, notwithstanding a legalized tariff was placed in his hands which permits us to make a charge of from five to ten dollars for the services rendered. I had charged the lowest. The defendant at no time, in or out of Court, in my hearing, objected to the largeness of the account. From the history of the patient recorded in my note-book, and the knowledge in my possession as his medical adviser, I was enabled to do my part in drawing up both certificates, which were similar. Wherein do the services differ? Take it for granted the services were not the same, it was not for the Judge to say what was a reasonable charge. That was settled for him by the tariff placed in his hands, and the Ontario Medical Act, of which two sections I transcribe:—

XXXV. Every person registered under the provision of this Act shall be entitled, according to his qualification or qualifications, to practice medicine, surgery, or midwifery, or any of them, as the case may be, in the Province of Ontario, and to demand and recover in any Court of Law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicine or other medical or surgical appliances rendered or supplied by him to his patients.

XVI. The said Division Association may from time to time submit to the council a tariff or tariffs of professional fees, suitable to their Division, or to separate portions of their Division, and upon the said tariff or tariffs of fees receiving the approval of the Council, signified by the seal of the College, and by the signature of the President thereof being appended thereto, such tariff or tariffs shall be held to be a scale of reasonable charges within the meaning of section thirty-five of this Act for the Division or section of a Division where the member making the charge resides.

Written opinions involving a question of law were furnished to opposing parties, for which our tariff allows us to claim for each five dollars in a Court of Justice, and the Judge has no alternative, in case it is proven that the certificate has been rendered and not paid for, but to give judgment for the full amount. While stating the case to the Judge, he asked me *if it was an opposite opinion to the first that I had given the second party*. I answered, "No, sir; I could not do such a thing," when he remarked that *he (defendant) would have required another doctor to do that*. Such a question and such a remark would ill become the lowest pettifogger in an attempt to disconcert a witness in any Court of Justice. The document furnished the defendant was produced to the Judge who, a moment after reading it, made the remark that he had carefully read the certificate, but did not find an opinion, that he had simply observed some statements from which there had been no deduction made. Now, sir, said certificate read as follows:—"We, the undersigned, hereby certify that we examined Mr. —, of the township of —, during the last four months, and that we found him suffering from *senile dementia* to such an extent that he is wholly incapable of transacting any business whatever—not even directing his household affairs. The following is a short account upon which we base the above." Then follow the statements to which the Judge referred. Think, sir, of a Judge who, after a *careful* perusal of a not very lengthy certificate, would forget what was at the beginning. I may state that on the strength of our first certificate, on the written opinion, on the deduction, on the

statement of facts contained therein, a guardian was appointed to the estate. And this second certificate, which contained the same opinion, the same deduction, the same statement of facts, and for which we were as responsible as that of the first, supplied three months afterwards to an opposing party, whereby the information in possession of the solicitor for the estate might be ascertained, is only worth half that of the first in the judgment of the Judge. Truly this is an assault upon our tariff when we consider that the charge in each case was the lowest we are entitled to. The decision, I believe, is without a parallel. It would be a great rarity to find a town or country practitioner making an overcharge. If they are enjoying a lucrative practice it is due to overwork, and at the expense of their days, and it is a little disconsoling to find a Court of Justice assaulting our tariff in defiance of the Medical Act, considering the large amount of services rendered gratuitously by the profession to the poor members of society. I would like to ask what right has a County Judge to reduce our tariff, and without any provocation grossly insult members of the medical profession, and the profession at large? From men occupying the position of County Court Judges we would at least expect better things, and it is to be hoped that the decision of Judge Jones in this case is simply a malpractice due to a want of knowledge, and a more careful perusal of the Ontario Medical Act.

I am, sir, yours faithfully,

W. BURT.

PARIS, March 3rd, 1882.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

#### UNPROFESSIONAL.

SIR,—Since I began the practice of medicine about ten years ago, it never fell to my lot to come in contact with so gross a specimen of unprofessional conduct as occurred in this town about three weeks ago, and to which the following facts will bear testimony:—

On a Sabbath morning I was called to attend a young woman, whom I found suffering from circumscribed peritonitis. I left her two powders composed of pulv. opii, 1½ grs. each, with a little bismuth, to be taken within three hours

of each other. These had the effect of removing all pain; but, unfortunately, the patient feeling so much better, left the bed, dressed and came down a flight of stairs, when the pain returned with much greater violence, and attended with more severe constitutional symptoms. I prescribed a few more opiate powders in the afternoon, and on Monday morning I had the satisfaction of finding my patient again free from pain, temperature falling and pulse less frequent, which improvement continued to progress all day. On Tuesday morning I was confined to my bed with congestion of the lungs. The mother of the patient came to report. She told me her daughter was free from pain, and feeling comfortable, with the exception of a feeling of nausea, which I informed her was the effect of the powders she had taken, and would soon pass away. However, I asked her to have another physician see her daughter that day, if she thought it necessary, as I was unable to attend. Acting on this advice she called in a doctor of the town, when he at once condemned my treatment, stating that he did not see the necessity of opiates, and that they were only "baking" the bowels and doing harm. He began his treatment with quinine, brandy, and purgatives, with a faithful use of Davidson's syringe with no effect so far as movement of the bowels was concerned, but very naturally with this result,—death of the patient the next night from general peritonitis. I might mention that hot fomentations and poultices were used from the beginning, and they were discontinued by the doctor's orders. Had I known of the change of treatment on Tuesday morning, the patient's life would have been spared, for I would at once have advised a consultation, which, with a moral certainty, would have rescued the poor girl from the consequences of such cruel and ignorant treatment.

Trusting, Mr. Editor, that I have not transgressed too much on your time and space,

I am, yours &c.,

W. McCLURE.

THOROLD, March 6th, 1888.

N.B.—We are not anxious to foster correspondence of this sort, failing to see the good to be accomplished. The pillory *incog.* is not much dreaded by the unscrupulous.—ED.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—I am glad you did me the kindness to say regarding this newspaper business that you know me too well to believe that I had any knowledge of the scandalous article that appeared in the Arthur paper. Still, lest your kindly word was said out of simple courtesy, and to remove any possible misgiving in the minds of your readers, I have to say:—

1st. That when this worthy Francis Morris was about to leave the Hospital, he showed me a long article that he had prepared for our local papers. Of course I refused to allow him to have it inserted. He went to his home, a distance of about 30 miles, in December last, and excepting that he wrote me a note a week after he left, I neither saw him nor heard from him till some time in February.

2nd. I never saw the newspaper mentioned, and did not yet see the article referred to, only as copied by one of our local papers, about the middle of last month.

3rd. In the past four years I can recollect only one other instance where I was made the victim of a newspaper scandal of a similar character. In that case also, it was done entirely without my knowledge or sanction in any way.

4th. I do not yet think I was wrong in calling attention to the occurrence I alluded to regarding Dr. Groves, and for the following reason, though he may have been innocent in that particular case, yet it was only one of many. Scarcely a week passed that we did not see a paragraph announcing to the public that Dr. Groves performed this or that operation. But since the circumstance was noticed in the JOURNAL, we have seen only one such announcement in four months. If the Dr. had given the patients and their friends to understand, as many medical men have done, that he could not permit his name to be so used, this gratuitous advertising could not occur very often.

Yours respectfully,

ANGUS MCKINNON.

MR. JAS. P. WHITE, the late eminent Doctor's son, has donated his father's valuable medical library to the Medical Department of the University of Buffalo.



# THE CANADIAN Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism,  
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, APRIL, 1882.

## THE PROVINCIAL BOARD OF HEALTH.

It is with a feeling of great satisfaction that we refer to the passage of the "Act," introduced by Hon. Mr. Hardy, "to establish a Provincial Board of Health, and to give increased powers to Local Boards of Health." The Act is similar to that of the State of Michigan, but with some changes for the better. We have elsewhere given the constitution of the Board.

Among the duties of the Board, special reference is made to the study of vital statistics and records of deaths and sickness, of the causes of disease (especially when endemic or epidemic), and of the influences of various localities, employments, conditions, habits, etc. The Board is also to make suggestions as to the limitation and prevention of contagious and infectious diseases, to inform the Government and Local Boards and, by various means, the people generally, regarding matters connected with public health; and to advise concerning the sanitary conditions and arrangements of public buildings and institutions. In the event of an outbreak of any epidemic, the Board will be the Central Board under cap. 190, R.S.O.

We have had some very good reports on the death-statistics of the Province, and we are pleased to see that increased attention is to be paid to the lessons which may be drawn therefrom. We are also glad that the Provincial Secretary has referred to "records of sickness,"

and we would indulge the hope that before long provision will be made for the collection of such records. Much misery, and loss of strength, and energy, and time, and money may exist without greatly influencing the death rate, and it is highly desirable that we should know the causes and be able, if possible, to furnish means of rectifying them. Take, for instance, one common example:—Intermittent Fever—not one of the worst, but one commonly known and better understood than some others:—How little the death-rate would tell us about it; and yet how much may be done by sanitary reform in preventing its occurrence! It is also very undesirable to have to wait in any class of cases till the death-rate warns us of the mischief that has been abroad, and which might, to better purpose, have been learned earlier from the "records of sickness." The labours of Mr. Monk will have left fresh in the minds of many of our readers the details of his scheme of disease-registration and the arguments in its favour. The advantages to be derived from the other duties assigned to the Board, in the above enumeration, are too self-apparent to need any remarks from us.

To the Local Boards of Health are given increased powers in regard to infectious diseases: they *may*, at any time, establish hospitals for the reception of persons afflicted with "infectious diseases dangerous to the public health;" and if the disease has actually broken out they *must* do so. Full powers are given for the removal or isolation of persons so afflicted. We must call the attention of our fellow-practitioners to the fact that under the new law they are required to give notice to the Local Board, (to the clerk of the municipality if no special Health Board exists) when called to see any such cases. Rules may be laid down and enforced for disinfection of clothing, etc., in connection with hospitals, but they are not made applicable to patients not sent to Hospitals. Nor is there any penalty attached to infected persons entering public conveyances or buildings. We think it is a crying evil that persons may carry about the scales of scarlet fever, and other infectious matter, and disseminate them broad-cast. Store-keepers just cut off bed from scarlet fever, for example, may

send the infection out to their customers, and in numerous like ways disease is spread without let or hindrance.

We have no doubt the Board will take cognizance of this and other matters to which we might refer in connection with the Act, and we believe the Provincial Secretary and the Government are anxious that all that is practicable and reasonable shall be done for the preservation of health.

We have heard it objected that the Act will be inoperative, inasmuch as the compulsory powers are so small, and that it should be more like the English Act; but we must remember *c'est le premier pas qui coute*, and we hope that much that is desirable will follow. It is necessary to enlist the sympathies of the people individually, and, as represented by their municipal bodies, and the condition of things here and in England is very different in many respects.

It will be one of the first duties of the Board and its Secretary to arouse the bodies mentioned to the consideration of the importance of preventive medicine, and to show what a profitable investment money spent in that direction will be.

The profession has long been agitating for the formation of a Provincial Board; this has, at length, been attained, and all that is now necessary to remove from our fair Province the stigma of being behind some of her neighbours in this path of civilization—a due attention to sanitary matters—is, that the members of the profession, one and all, should do what they can to aid the Board, both by making suggestions to it, and by helping and even anticipating its efforts in the localities where they reside and have influence.

In carrying through this Bill, Mr. Hardy has done a good work, and one which ought to gain him the gratitude of the community at large, one which will certainly earn him the thanks of those who are best fitted to appreciate its necessity and importance.

ERRATUM.—It is, perhaps, scarcely necessary to say that the name "Christian" was a typographical mistake for *Christison* in the obituary notice of that distinguished Scotsman in our last issue.

#### AMBITION AND LIBERALITY: THE CANADA LANCET AND CONSULTATION WITH HOMŒOPATHS.

We fear that we must plead guilty to the charge of being ambitious lately made at the hands of our great city contemporary who modestly announces in prominent places throughout his journal the largest circulation of any medical journal in Canada. But our ambition is scarcely equal to his own in its loftiness of flight, for "by that sin fell the angels," and we soar in some directions only. For instance, modesty compels us to decline the honour of being dubbed the Organ of the Toronto School of Medicine, estimable and worthy as that School is justly deemed to be, and our ambition prompts us to aspire to being the Organ and the mouthpiece of the profession throughout the Province. Our contemporary's School bias is so strong that he can scarcely realize the possibility of independence, and even while charging us with being ambitious he fails to see that we audaciously desire to represent his School with all the rest. Our ambition, however, does not, as does his own, extend so far as to include the representation and championship of the interests of Homœopaths and other irregulars, the enemies and parasites of the profession, and for this moderation we are duly thankful to the Fates, else we should fear the dread day of dissolution to be approaching, for "*Quem Deus vult perdere prius dementat.*"

But while we seem ambitious in the eyes of our contemporary, it, at the same time, appears to him that we are lacking in liberality, because, forsooth, we cannot see the propriety of consultations with exclusive dogmatists, involving as they must a sacrifice of principle on the part of one or both consultants, or a farcical formality devoid of every thing but fraud. If by liberality is meant a readiness to forego a principle at the beck of circumstance or to yield a point of truth at the call of convenience or of profit, then truly we must again plead guilty to the naive impeachment of lacking liberality. But if, as we opine, true liberality consists in the pursuit of truth in every channel and its acceptance from every source, then do we claim to

be liberal as Science herself, and hold those most illiberal who promulgate an exclusive theory, or recognize the dogmatists as fellow-searchers after truth. In the matter of principle the *Lancet's* liberality smacks of chicanery; we cannot vie with it in bidding for the support of the irregulars, and in this respect we "fling away ambition."

We deny the correctness of the *Lancet's* assertion that "professional courtesies between the homœopathic and *regular* practitioners in this city . . . have been of frequent occurrence," and we are persuaded that in this and previous articles we have voiced the sentiments of at least nine-tenths of the profession of the Province. The *Lancet* informs its readers that two prominent homœopaths in London, Eng., Drs. Wyld and Dudgeon "are quite pleased with the resolution of the Royal College of Physicians," but it omits to state that the former a few years ago, when Vice-President of the Homœopathic body in England, made a specific recantation of every one of the fundamental doctrines of homœopathy when seeking admission to the London Medical Societies; and that the latter is so honest a homœopath that he concurs entirely in the impossibility of good resulting from such meetings, and declares that he could not conscientiously consult with any other than a homœopathic practitioner. We are not surprised to find our city contemporary falling in the rear in this contention for pure principle and not for gain, for it is but too true "the path of honour is a strait so narrow where one but goes abreast," but our high ambition overvaults itself in the still living aspiration that our contemporary may yet be found to follow in our wake amenable at length to the purifying influence of the contagion of a good example.

#### UNIVERSITY OF TORONTO—MEDICAL EXAMINATIONS.

The Annual Spring Examinations in medicine in this University take place this month. We are pleased to observe that at a late meeting of the Senate the views which we have frequently promulgated with reference to the appointment of examiners in such subjects as

anatomy have at length prevailed. When the Editor of this Journal lately declined to examine in anatomy and surgery (heretofore coupled) on the ground that he was not a teacher of the former subject and, therefore, quite unlikely to be capable of properly conducting an Honours-examination in that department, it appeared not unlikely that the question would be brought to a focus in the Senate, and the issue has happily been the appointment of Dr. M. H. Aikins, Lecturer on Primary Anatomy in the Toronto School of Medicine, as Examiner in Anatomy. But, strange to say, the union hitherto existent between anatomy and surgery has been suddenly divorced, and the examinership in surgery conferred on Dr. F. LeM. Grassett, Professor of Medical Jurisprudence in Trinity Medical School. Now, while we can find no fault on the score of competency with this appointment, Dr. Grassett, indeed, being specially qualified for the post, we are at a loss to know why the change should have been made just at this present juncture, no man in the Province being more capable, either by reason of education or of personal experience of examining in surgery than the newly-appointed examiner in anatomy. A shrewd suspicion occurs to us, however, that this is another instance and evidence of a tendency, or disposition in the Senate to pander to the insane jealousies and ungenerous rivalries of the schools. Against this, in the name of the graduates, we ardently protest. If an examiner, being a schoolman, cannot be trusted upon the Board without having his impartiality and fairness corroborated and confirmed by the presence of another examiner from a rival school, he is not a fit companion for the independent gentlemen he will be there associated with, and convocation and the world should know it. The fact still lacks demonstration that the conjunction of two unfair men engenders impartiality, although "set a thief to catch a thief" is a time-honoured maxim. The great body of Convocation utterly contemns and despises the bickerings, the wranglings, the jealousies, and suspicions of the schools, and the representatives of Convocation in the Senate would do well not only to imbibe but also to manifest this same spirit of inde-

pendence of, and total disregard for, sectional prejudices and distempers. "Do right and fear not" may well be their rule of life and conduct, and we can assure them that in following it out to the letter the countenance and support of their constituents will not fail them, and the interests of the University will not suffer, nor be endangered.

#### THE LIMITS OF UNPAID SERVICE.

The Medical Profession has been appropriately termed the GREAT UNPAID; for indubitably no other class of the community expends so large a portion of its substance, strength, and time, and mind gratuitously for the service and relief of others. People do not often notice or remark the fact, for it always has been so and must continue to be so "while the races of mankind endure." The human heart is involuntarily moved to sympathy by the knowledge of suffering or distress; and to the cry of pain the human hand intuitively responds. We do not, therefore, grudge the many acts of private charity in a professional way which every physician freely dispenses, to the world unknown. Nor yet do we object to much of the gratuitous service rendered in dispensaries and hospitals, for here there is in a certain sense a sort of *quid pro quo*, an opportunity of partly satisfying the inexorable thirst for knowledge by study and experiment. But surely the expectation of its extent must attain finality in the case of the public service. The people, as a whole, can afford to, are expected to, and do pay well and fairly for the benefits they derive from the service of the individual in all ranks and classes of the community. We can conceive of no reasonable or equitable grounds why an exception should be made of members of the medical profession. It is with considerable surprise and disappointment, therefore, that we find the Ontario Public Health Bill passing its third reading and becoming law, providing that the Provincial Board of Health shall consist of seven members, of whom at least four are to be medical practitioners, and two only (the chairman and secretary) are to receive remuneration. The probabilities are, in point of fact, that six out of the seven mem-

bers of the Board will be medical men, and the proposition is that the public should avail themselves of the brains, experience, time, and foresight of these gentlemen, and give them nothing in return, although it has the magnanimity to offer to defray their travelling expenses where travelling is necessary. We had fondly hoped that the utmost limits of unpaid service would fall far short of the public service; and, in spite of recent indications of the contrary, we still hold most strongly that the least that could be done would be to pay these gentlemen at consultation rates for their loss of time whenever they are called upon to meet in consultation on the public health. It is inexplicable to us how this piece of simple justice to the profession could have been omitted in a House numbering amongst its members so many doctors as does the Provincial Legislature of Ontario.

#### THE ONTARIO MEDICAL COUNCIL—ITS FUNCTIONS AND USE.

From an editorial in the *Woodstock Times*, part of which is elsewhere quoted, and from remarks by laymen, often heard in private conversation, it is evident that many people believe that the Medical Council of Ontario exists solely for the protection and advantage of the Medical Profession. No misconception could be more egregious. For, in point of fact, the public, and the public solely, are the great beneficiaries by its existence. It is quite true that the medical men in the Province were chiefly instrumental in securing the passage of the Act whereby the College of Physicians and Surgeons of Ontario was erected. But in what good work in the public interest, as far as medical influence can be felt, do they not take a foremost, self-sacrificing part? The chief use of the Council is to further and improve the work of medical education in the Province; and its chief function is to test and stamp with the mark of its approval every candidate fitted for the legal practice of physic. But whom does this advantage? Surely not existing practitioners, for it must be easier for them to compete with uneducated than with educated men! Surely the people are the gainers, for they therein have a means of knowing who are fairly

qualified to be entrusted with their lives and limbs, and who "are mere pretenders to the name." Again, it may be urged that registered practitioners secure by the Act the right to recover their just dues by legal process; but on the other hand the fact must not be lost sight of that physicians have the remedy of such abuses in their own hands, by demanding pre-payment of their services. The penal clauses of the Act are practically largely impotent, and after all the punishment of quacks does not profit much the physician's purse, since they probably make as much work for him as they deprive him of; it does, however, conduce materially to the public safety.

On the whole, then, we opine that the Profession and its Press can afford to smile at the empty threat we have lately heard from the *Woodstock Times*, *et hoc genus omne*, about the abolition of a "monopoly," and "privileges" by the people's representatives in Parliament. The repeal of the Ontario Medical Act would concern the doctors personally but little, or not at all; it is the people's vital interests which are involved in its integral maintenance or amendment. The public press is blind if it cannot see that fact; and the end of "blind leaders of the blind" is in "the ditch."

#### NEWSPAPER OFFENCES AGAINST THE PROFESSION.

From the replies elicited by the article having the above caption in our last issue, from the *Woodstock Times* and the *Arthur Enterprise*, it appears that we have personally verified the ancient metaphorical proverb, "If you cast pearls before swine they will turn again and rend you." Both papers, as was perhaps to be expected, view the matter solely from the lay, unprofessional standpoint; and both are wilfully blind to the generally recognized fact that preparation for and practice in any one of the three learned professions do powerfully tend to a refinement of feeling and delicacy of perception which distinctly separate their object from the *profanum vulgus* in matters ethical and æsthetic. Accordingly there are many circumstances in which what may be inoffensive, and even pleasing to one man, may

be utterly abhorrent to the finer susceptibilities of another. Modesty—personal, self or individual subordination—is amongst the most constant outcomes of scientific training; and to the true disciple of Hippocrates, the private character of whose calling is unequalled even by that of the spiritual adviser, publicity in the discharge of duty is the quintessence of abominations. We should very much like to reproduce, *in extenso* in our columns, the views of our lay contemporaries for the edification of our readers; but lack of space will not permit. Neither can we enter into a controversy with the writers on the subject failing to find a common ground of meeting or understanding; and the only criticism we are disposed to make is that we do not believe that the adoption of more gentlemanly language in the statement of their views would in any wise detract from the force or pertinence of their observations.

#### THE LETTER OF "MEDICUS" AND THE MEDICAL SCHOOLS.

Our homœopathic contemporary of this city, in an article entitled "The Ontario Medical Council and its (friends?)" in the March number, expresses regret that we should publish a "letter written with the transparent purpose of injuring any of our well-conducted medical schools," and in the *Journal* of the same month Dr. Geikie complains of an "attack made on one of our schools." In the first place there was no attack made on any school, but only a comparative statement given, showing the percentage of the rejected from each of the schools, sending students up to the Council examination held last spring. In the second place this statement was not given for the purpose of injuring any teaching institution, but simply as a reply to the unjust accusations of dishonesty and partiality against one of the examiners. It was openly, as well as privately, stated that the examiner in question had favoured the Kingston students, and, in order to carry out more easily such an iniquitous procedure, had used different coloured paper in Kingston. What more natural after such a statement than an analysis of the results which

is so displeasing to one who encouraged letter writing last summer?

We quite agree with the assertion that the percentage from the different schools varies from year to year, and if at the next examination the school which was least successful at the last happens to head the list, we shall cheerfully give the fact all the prominence in this journal which, under the circumstances, it is fairly entitled to.

#### TORONTO SCHOOL OF MEDICINE MEDICAL SOCIETY.

The first annual meeting of this Society for the election of officers and reception of reports, &c., was held at the building of the school, March 10th. The report of the General Committee showed a membership of one hundred and two in addition to the members of the faculty. The students have found the reading-room and library a great benefit, and have availed themselves largely of the privileges connected therewith. The leading daily papers from the principal cities of Canada, many weeklies, magazines, and a number of medical journals have been kept on file. The library contains a number of books, and during the summer many others will be added.

Great interest was taken in the elections which resulted as follows: President, Dr. A. H. Wright (by acclamation); first Vice-President, Mr. J. W. Meldrum; second Vice-President, Mr. J. W. Patterson, M.A.; Recording-Secretary, Mr. J. Spence; Treasurer, Mr. A. T. Rice; Corresponding-Secretary, Mr. F. P. Drake; Curator, Mr. H. A. Wright; Councillors, Messrs. F. J. Dolsen, B.A., W. J. Robinson, W. J. Lepper, G. S. Wattam, B.A., and H. S. Martin.

#### ADMONITORY.

*Nisi se melius gesserint  
"Delenda est Carthago,"*

Says the Woodstock Times of 30th March: "Doctors who do well, and are prompt, tender, and careful in the performance of their duties, will always find a word of commendation in our columns, and those who are the reverse, may be thankful we pass over their laches in silence, even although the priggish editors of

the *Canadian Journal of Medical Science* may choose to say that we are guilty of 'offences against the profession.' We have a word of advice to give the editors in question. A conviction is becoming general in the minds of the public, that the Ontario Medical Trades' Union Act requires great amendment, and if they wish to conserve their privileges and maintain their monopoly, the less they have to say about 'newspaper offences against the profession,' the better for themselves." We trust the Profession will forgive us for incurring this dreadful commination which threatens to involve the body medical in ruin.

#### THE SECRETARYSHIP OF THE BOARD OF HEALTH.

The success of the newly-appointed Provincial Board of Health will doubtless depend in large measure upon the zeal and capacity of its Secretary, upon whom will devolve the lion's share of the labour, and no slight responsibility. We think, therefore, that a mistake has been made in limiting his salary, by Act of Parliament, to one thousand dollars *per annum*. This sum is totally inadequate to attract to the office any man of experience and standing in the profession. We should much like to have seen a sufficient appropriation for this purpose made to have induced some one of the older heads in the profession, well versed in the nature of men and things, well read in the literature of preventive medicine, well trained in intellect and judgment, well acquainted with the special needs and requirements of our country, and, above all, "well fouled in kind by the dirty nurse, Experience," to be content to abandon practice for the future, and devote the full energy and ripe experience of his declining years to the inauguration and permanent establishment in our midst of a satisfactory, efficient, vigorous, and comprehensive system of health-maintaining, disease-recording and preventing Government.

DR. MATTHEW D. MANN has been elected the late James P. White's successor in the Chair of Obstetrics and Diseases of Women, in the University of Buffalo.

### CHAIRMANSHIP OF THE PROVINCIAL BOARD OF HEALTH.

Members of the Profession throughout the country will be glad to know that William Oldright, M.A., M.D., (University of Toronto) of this city, Lecturer on Sanitary Science in the Toronto School of Medicine, has been properly selected by the Ontario Government for the Chairmanship of the Provincial Board of Health, as having probably paid more attention to the subject than any man in the Province. We trust that his experience on the Board may fully convince him that in another sphere of public utility—the Senate of the University of Toronto—he may greatly further the great and good work just begun, and establish a further claim upon the gratitude of his fellow-citizens by securing a post-graduate examination for Sanitary Science Certificates, as Cambridge and Dublin have already done. Here members of the great life-saving army of medical officers of health may properly, as we have long contended, have their special fitness for the discharge of their important duties duly tested and attested.

### A DISCLAIMER.

The Arthur *Enterprise* in a late editorial insinuates that in our last issue we endeavoured to hit Dr. McKinnon, of Guelph, over its shoulder. We should, indeed, be sorry to have any such impression go abroad. Should occasion ever demand the casting of an editorial dart in that direction we shall not be foolish enough to attempt to penetrate the protecting *egis* of a country newspaper. For the present, however, we have neither occasion nor desire to quarrel with the worthy doctor, having every reason to regard him as a highly honourable and straightforward man—in other words, a gentleman—and a most intelligent practitioner. Moreover, we doubt not, both from his letter in our columns some time ago, and again to-day, and upon general principles, he is ready to endorse every word we have written anent the “newspaper offences against the profession.”

Professor Freund, of Strasbourg, is reported to have been offered and to have accepted the chair of Obstetrics in Breslau, formerly occupied by the late Professor Spiegelberg.

### EXAMINATIONS.

Among the students at the present time there is the usual excitement over the ever-dreaded examinations which are going on. The most important feature is the fact that they are every year becoming more practical, and, therefore, more useful in a proportionate degree. To the Council must be given full credit for its persistent efforts in this direction during the last few years. At the examination to be held by that body in April we notice with pleasure that the students will be subjected to a thoroughly practical test in both primary and final subjects. The various universities (especially Toronto) are advancing in the same direction, and becoming more practical every year. From a pretty close observation of the students of this city during the session now completed, we can bear testimony to the unusual assiduity exhibited by them both in hospital and school work, and we have much pleasure in wishing them, one and all, the highest success.

### TO THIS YEAR'S GRADUATES.

At the expense of considerable space, we reproduce in this issue, from the *Medical News*, for the benefit of our graduating classes this year, the admirable Valedictory Address, pronounced last month by Surgeon John S. Billings, M.D., to the graduates of Bellevue Hospital Medical College. We sincerely trust that those young men who, simultaneously with this issue, now go out into the world, will ponder the wisdom it pithily expresses well, and pay due heed to the wise precepts and sage maxims it contains; for wise men acquire from the experience of others those wholesome, although bitter, truths, which fools learn only, and that not easily, for themselves.

A correspondent tells us there are fifty doctors in Winnipeg with a population of about fifteen thousand, and others are coming every week. The *Free Press* of that city says they are becoming as numerous as land agents.

ALBRECHT VON GRAEFE.—A memorial statue of this illustrious Ophthalmologist has been erected in Berlin. It will be unveiled on the 22nd May, his birthday.

**LECTURES AT THE ONTARIO COLLEGE OF PHARMACY.**—We are much pleased to observe that the College has at length seen its way to the filling of a hiatus hitherto existent in the sphere of its utility, by the establishment of a course of lectures at which young men may be prepared for the examinations of that body, which every one desirous of practising pharmacy in Ontario is now obliged to pass. The following lecturers have been chosen:—Messrs. E. B. Shuttleworth, H. J. Rose, W. T. Robinson, and H. Montgomery, M.A., B. Sc.; their respective subjects being chemistry and pharmacy, materia medica, demonstrations in dispensing and botany. An assistant to the lecturer on chemistry will also be appointed. The spring term extends from April 4th to July 14th. From the staff selected it will be seen that the course will be inaugurated with every earnest of success, and this in the fullest measure we wish it heartily.

**UNIVERSITY OF VICTORIA COLLEGE.**—The Examinations in Medicine of this University have been held in the Medical Council Chamber, Bay Street, on the 30th and 31st ult. and will be brought to a conclusion to-day (1st April). Following is a list of the examiners: Chemistry and Botany, M. Barrett, M.A., M.D.; Anatomy, W. J. Wagner, M.B.; Medical Jurisprudence and Materia Medica, W. W. Ogden, M.B.; Medicine and Physiology, A. H. Wright, B.A., M.B., M.R.C.S., Eng.; Midwifery and Gynecology and Surgery, I. H. Cameron, M.B.

*The Popular Science Monthly* is again before us. The April number contains nineteen articles amongst which the following will specially interest medical men: "The Scholastic Prelude to Modern Science," by H. D. Macleod, M.A.; "Has Science yet Found a New Basis for Charity?" by Professor Goldwin Smith; "Recent Wonders of Electricity," by W. H. Preece, F.R.S.; "The Germ Theory," Prof. Louis Pasteur; "Dean Swift's Disease," by Dr. Bucknill, F.R.S., and a "Sketch of Louis Pasteur," (with portrait). We know of no periodical to which our readers can more profitably subscribe. The publishers are Messrs. D. Appleton & Co., New York. The yearly subscription, \$5.00 Single number 50 cents.

## Book Notices.

*The Case of Guiteau.—A Psychological Study.* By GEO. M. BEARD, M.D., New York. (Reprint from *Journal of Nervous and Mental Diseases*, Vol. IX).

*Vascular Tumours of the Female Urethra, with a Description of a Speculum Devised to Facilitate their Removal.* By A. REEVES JACKSON, A.M., M.D., Chicago, Ill. (Reprint from Vol. II., *Gynecological Transactions*).

*Nervous Diseases: Their Description and Treatment.* By ALLAN McLANE HAMILTON, M.D., Fellow of the New York Academy of Medicine, Physician at Hospital for Epileptics and Paralytics, &c. Philadelphia: Henry C. Lea's Son & Co.

This work is written for the general practitioner and the student, and the author's aim is to write a treatise on Nervous Diseases which is both concise and practical, while it is at the same time sufficiently comprehensive. We have pleasure in bearing testimony to the fact that his efforts have been crowned with success. There is nothing striking in the style of writing, nor evidence of great scientific research, but the various diseases have been well described, the directions as to how to arrive at a correct diagnosis are very clear, and the hints in treatment are plain, practical, and sound. This is the second edition, the first having appeared in '78, and is far from being a simple reprint; indeed, so much has been added, and so many changes have been made, that it may almost be considered a new work. The rather numerous typographical errors of the first edition have been mostly corrected, although a few old mistakes are repeated, such as *tr. nux vomica*, and new ones occur, *Rj. strychnine sulphas*, etc.

A very valuable feature of the book is the citation of cases in practice to illustrate the different diseases, or different phases of the same disease. Chapter XII. on Diseases of the Lateral Columns of the Cord, is new, and a great deal that is new is given in other chapters on the spinal cord and cerebrum, especially on the localization of diseases in these organs. The plates are good, many being taken from Charcot, Gowers, Clarke,



Fothergill, and others, all being duly acknowledged. The author draws largely from the various authorities, but at the same time, gives clearly his own views attained through a wide experience in the treatment of these diseases.

We need hardly say that such a book should be considered a necessity in every medical library, as the ailments described are among the most common that come under observation in the every-day work of the general physician. To him, therefore, we recommend it with pleasure; in fact we may go farther and say, that all things considered, it is for his purpose the best book of the kind now available, except perhaps the larger work of Ross, of Manchester.

*A System of Surgery, Theoretical and Practical, in Treatises by Various Authors.* Edited by T. HOLMES, M.A., Cantab. First American from second English edition. Thoroughly revised and much enlarged. By JOHN H. PACKARD, A.M., M.D., of Philadelphia, assisted by a large corps of the most eminent American surgeons. In III. Vols., with many illustrations. Philadelphia: Henry C. Lea's, Son, & Co., 1882. Toronto: Hart & Co., King St. West.

The appearance of Volume III. completes the American re-print of this, the best and most authoritative Treatise on Surgery which has yet appeared in the English language. The subjects comprised in this volume are: Diseases of the Respiratory Organs, Diseases of the Bones, Joints, and Muscles, Diseases of the Nervous System, Gunshot Wounds, Operations and Minor Surgery, and Miscellaneous Subjects, including Diseases of the Breast, Diseases of the Skin, Parasites, Venomous Insects and Reptiles, the Surgical Diseases of Childhood, Surgical Diagnosis and Regional Surgery, and Hospitals. Apart from additions and interpolations scattered throughout, the sections wholly American are: Operations upon the Arteries, Trephining, Colotomy, and Excision of the Rectum, by John H. Packard. One hundred pages on Diseases of the Skin, by Arthur Van Harlingen; and an appendix to the chapter on Hospitals. Thus presented, Holmes' System of Surgery may fairly be regarded as the chief exponent of the surgical

science of the day. We fear to add anything to what we have said in former notices, lest we should seem capable of fulsome flattery. Doubtless we might point out many deficiencies or defects if at all hypercritically inclined; but we are not of the optimistic school, which looks for absolute perfection in human enterprises, and we are glad to recognize in this composite production of many minds a fair and reasonable realization of a high ideal. Comment on the Publisher's work would, at this day, be indeed superfluous, and we shall only say that those who have the work in the half Russia binding, possess a substantial friend and companion, at once pleasing to the eye and instructive to the mind.

*Report Relating to the Registration of Births, Marriages, and Deaths in the Province of Ontario, for the year ending 31st December, 1880.* Appended to which is a review showing the results of the working of the Registration Act from 1870 to 1880, inclusive. Printed by order of the Legislative Assembly.

It is regrettable that the vital statistics of Ontario for 1880 should only lie upon our table now; but under present circumstances this delay seems inevitable, the report having to be presented to Parliament before being made public. Under the auspices of the newly created Provincial Board of Health we hope soon to be in possession of weekly and quarterly returns. The present Report bears gratifying evidence of great improvement in the completeness of its subject matter; and, though still manifesting much room for further achievements in that direction, still affords reason and opportunity for congratulation on what has been accomplished. The Review of the Ten Years' Working of the Act is a very interesting feature of the present Report; and has been as ably handled by Mr. H. S. Crewe as was possible to a layman. We much regret that pressure on our space forbids analysis or comment. Another opportunity, however, may, perhaps, present itself.

Dr. Theo. S. Covernton, late of the Toronto Asylum for the Insane, has settled in practice in Winnipeg, in partnership, we believe, with Dr. Kittson, late of Hamilton.

### Meetings of Medical Societies.

#### NORTH-WESTERN BRANCH OF THE ONTARIO MEDICAL ASSOCIATION.

The first regular meeting of the above Association was held in Palmerston, on Wednesday, Feb. 15th. The following members were present: Drs. Clarke, Collinge, and Stewart, of Palmerston; Nichol, Philp, Dillabough, Burgess, and Dingman, of Listowel; Allan and Cowan, of Harriston; Yeomans, Eeroyd, and Jones, of Mount Forest; McLaren, Baird and McArton, of Paisley; Holmes and Graham, of Brussels; Martyn, of Kincardine; Stalker, of Ripley; Mackid, of Lucknow; Clapp, of Mildmay; Hodge, of Mitchell; Gun, of Durham; Holstein, of Cedarville, and Stewart, of Brucefield.

Communications were received from Drs. Henderson, of Arthur; G. E. Barnhart, of Owen Sound; Robertson, of Markdale; Hyndman, of Exeter; Sloan, of Blyth; Gillies, of Teeswater; McDonald, Bethune, and Tamblin, of Wingham, regretting their inability to attend.

During the early part of the meeting the chair was occupied by Dr. Clarke, of Palmerston, and afterwards by the President, Dr. Yeomans, of Mount Forest.

Dr. Collinge, of Palmerston, read a very carefully prepared report of a case of Gangrene which he had recently under observation. The patient was a married woman, aged 32, who, when she first came under Dr. Collinge's care, on the 29th of July, 1881, complained of a pain in the lumbar region, general weakness, and a discharge from the vagina. On examination there was found some abrasion around the os uteri, which, with the discharge, entirely disappeared in a week after the application of nitric acid. On the 4th of August she complained of numbness and loss of power in the left arm, followed in a few days by a similar condition of the right arm. She vomited frequently, became drowsy and semi-conscious. A blister to the nape of the neck was followed by a permanent disappearance of the cerebral symptoms. On the 17th of August she was suddenly seized with a violent pain in the

gluteal region, extending down the outside of the thigh. The right thigh and leg were found to be larger than the left. On the 24th of August the right great toe had a purplish hue, and was painful. In a few days the color was changed to a white, mottled appearance, and the gangrenous process had now involved the whole foot. There was a line of hardness along the course of the right internal saphenous vein in the lower part of the thigh. The gangrene steadily progressed until an oblique line of demarcation formed, four inches above the ankle-joint. Previous to her death, on the 28th of September, the gangrene had extended upwards to within four inches of the knee-joint, and the soft tissues over the sacrum, to the extent of 5x3 inches, sloughed away. The great toe of the left foot was livid and painful. The reading of this paper was followed by a discussion, in which Drs. Allen, Cowen, Clarke, Burgess, Gun, McLaren, Clapp, and others took part.

Dr. Graham, of Brussels, read a paper on "Pernicious Anæmia." He gave the details of two cases which well illustrate the wonderful hæmatinic powers possessed by arsenic. The first case was that of a married woman, aged 35, who was found in the following state five weeks after her confinement: The hæmorrhage during the labour was trifling. Her face was swollen and bloodless. Mucous membranes pale. Troubled frequently with diarrhoea and vomiting. She had frequent and severe pyrexial attacks. The blood was found to contain a large number of microcytes. The red corpuscles varied much in form. There was no increase in the number of white cells. Under quinine and iron she became rapidly worse. Under arsenic she rapidly and permanently recovered. The second case is a somewhat similar one, occurring in a female, aged 24, who two weeks after her confinement presented the well-known symptoms, including the pyrexial attacks of pernicious anæmia. Arsenic was soon followed by complete recovery.

Dr. Stewart, of Brucefield, read a paper on "Some of the Uses of the Sphygmograph in Practical Medicine."

Traces, illustrative of the actions of alcohol,

digitalis, nitro-glycerine, and other drugs, were shown. Traces were also shown which prove that in many cases of pneumonia, even during the first twenty-four hours, the tension of the radial artery is much lowered.

Drs. Yeomans, Mackid, Burgess, and Clapp were appointed to read papers at the next meeting of the Association, which will be held in Palmerston, two or three weeks after the meeting of the Ontario Association.

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### Miscellaneous.

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#### ADDRESS TO THE GRADUATING CLASS OF BELLEVUE HOSPITAL MEDICAL COLLEGE

Delivered March 15th, 1882.

BY JOHN S. BILLINGS, M.D.,  
*Surgeon U. S. Army.*

I vaguely remember that once upon a time—a long while ago it seems, for I look back at it across the gulf of a great war, in which the days were like weeks, and the months almost counted for years—I spent one evening on a platform in a large hall, in the character of a new graduate in medicine. A part of the ceremonies on that auspicious occasion consisted of a valedictory address to the graduates, delivered by the most eloquent member of the faculty—an address which was highly praised, but of which I have vainly tried to remember either the ideas or the phraseology. Fearing that this specially localized loss of memory might be a symptom of a new nervous disease which I should have to name and describe, I have consulted several of my medical friends as to their experience in this respect, and I am much pleased to be able to say that I have found very few who have not totally forgotten the words of congratulation and of counsel given to them when they received their diplomas.

Nor is the reason of this far to seek. The new doctor, in the pride and vigour of youth, just stepping out of leading-strings, and realizing that he is really his own man at last—standing at the threshold of that wonderful, glittering world which beckons him on so enticingly, and in which fame, and love, and

wealth await his coming—this learned and skilful physician is held back yet another hour, and compelled to listen to advice from one whom he does not know, but who can surely have nothing to tell him beyond some well-worn platitudes about the dignity and honour of the profession which he has chosen, and that if he will be virtuous he will be happy, or words to that effect. Small wonder then that, after a moment's attention, his thoughts wander, and he drifts away on that beautiful river of reverie upon whose banks are Spanish castles unmatched by those of the Rhine or the Danube, and which are in strange contrast to the practical, prosaic, warehouse sort of view which his orator is trying to present. If, therefore, I observe five minutes hence that some of my special audience here, the new graduates, are gazing reflectively upon some point of infinite distance, or are evidently magnetized by some particular wave in the sea of this other audience before me, I shall know that it is all quite as it should be, and that my remarks are fulfilling their purpose.

Being unable, as I have just explained, to remember what was said to me by way of valedictory, and never having been present at a similar ceremony from that day to this, I thought it would be prudent to consult the literature of the subject and find out what is usually said upon such occasions. For this purpose I have examined about a hundred valedictory addresses, and have obtained from them a vast amount of instruction, and some little amusement. From them I gather that this is an epoch in your lives, that you are entering a remarkable age of the world's history (it is customary here to allude to steam and electricity), that you live in the most wonderful country under the sun, and that the eyes of the world are upon you. All are agreed upon these points, and also as to the importance and dignity of the science and art of medicine, and the necessity of continued study on your part to keep pace with its advances. But the addresses are not equally harmonious on all points. Some of them assert that the condition of medical education in this country is not altogether satisfactory, that there are some medical colleges (not, of course, the

college of the graduates, but some other medical college) which might be spared, and that some of these not only have not as clear ideas about the precession of the equinoxes, or the authorship of the book of Job, as a member of one of the learned professions should have, but that there are even graduates in medicine (of other schools of course), to whom the addition of vulgar fractions is a stumbling-block, and correct spelling vexation of spirit. On the other hand I find some who assert, first, that the above statements are unfounded; second, that it is not necessary to know how to spell correctly in order to cure the chills or set a broken leg; and third, that the demand for higher medical education is essentially a pernicious aristocratic movement, calculated to oppress the poor, and prevent them from obtaining the sheepskins so desirable to cover their nakedness. As, however, I am sure that all of you are just now strongly in favour of higher medical education, without regard to what you may have thought about it a few weeks ago, or what you may think of it a few years hence, when you get a little steam-hatching machine of your own, I feel that I shall most contribute to the harmony which this case demands by—entirely agreeing with you.

Upon the whole, I came to the conclusion that on this occasion it is safest to talk platitudes; in fact, I must do this if I am to advise you as a body. The inexorable laws of statistics tell me that among you are those having the most diverse capacities, purposes, and destinations. Two or three of you will go on with your studies for the next ten or fifteen years, observing, experimenting, reading, and comparing, until some fine day you will know something that other people don't know, and will become writers and teachers, leaders in your profession, famous in your day and generation. One or two of you may become popular physicians, for whom being called in consultation is an everyday matter, and a large income a matter of course. Many of you will become plain, solid, common-sense practitioners, who will do a vast amount of good, be indispensable to the comfort and safety of the community, and be happy because satisfied, which is more than I can predict of the others. A few will

abandon medicine because it does not pay, and turn to some occupation of better promise. And one or two will slip farther and faster down the broad, smooth path of dissipation on which their feet have already taken the first step, and will pass on to the inevitable end.

Fortunately for all of us, nobody knows who are to be the black sheep and who are to win the prizes. Each of you must live out that which is in your brains and blood, the result of generations gone before; but, you have also to live out that which you yourselves add to the inheritance.

Now you are going out into Vanity Fair duly armed and equipped, and provided with maps and guide-books of the latest and most approved editions. Probably you will never again be so fully conscious of, or so thoroughly satisfied with, your knowledge of the science and art of medicine as you are to-night. What would I not give now to know as much as I thought I knew the day I received my diploma. And yet the seven world problems of Du Bois-Raymond are still unsolved.

I congratulate you on your prospects. Shall I tell you what some of them are? Our American life will present to you as much variety, as vivid contrasts, as subtle mysteries, and as many giants, demons, and sirens to be overcome or outwitted as any that the legends of old depict. No doubt you will soon come across some of that curious sect, the *antis*, who are beginning to make their appearance amongst us; anti-vaccinationists, anti-vivisectionists, anti-anything, so that it gives them an excuse to keep their names before the public. And when you are asked how you account for the voluminous statistics and startling facts which some of these antis produce so rapidly and easily, you may hesitate a little, unless you have heard the celebrated conundrum which I am about to give you. A little boy said, "That girl is the daughter of my father and my mother, but she is not my sister. How do you account for that?" And the answer is, (this is strictly confidential), that the little boy lied. Taking them all in all, these antis are a curious class of cranks, worthy of careful study on the part of some of our experts in mental diseases, during the brief intervals in which

they have no medico-legal case on hand. Some of them are quite honest in their convictions, and all are very theological and emotional in their appeals, and to this they owe what success they have in achieving notoriety; and yet, while professing the most humane sentiments, they are unscrupulous even to cruelty in carrying out their fantastic ideas. They will not greet your coming on the stage of action with any particular enthusiasm, but you must not be discouraged on that account.

You will find, also, that the manufacturing pharmacist is abroad in the land, and that he, on the other hand, will be very glad to make your acquaintance. He will not only supply you with toothsome preparations, neatly put up in artistic packages, but he will tell you what they are good for, in what doses to use them, and, most important of all, which of them are in accordance with the code of ethics. He will ornament your office with innumerable samples, and pleasantly interrupt and variegate the perusal of your medical journals by means of blue, green, and yellow advertising sheets, unexpectedly and neatly inserted. Under his friendly guidance the path of medicine becomes a flowery one, for all that you have to do is to decide upon the name of the disease of your patient, and then look over the advertisements and samples to see what will cure it.

Moreover, there are some canvassers, and publishers, and editors, who are prepared to be your best friends if you will only permit it. They want you in the first place to subscribe, and then to write; to produce from the stores of your knowledge, items, and essays, and papers, to help them to raise the standard of American medical literature, until it shall be high above that of the effete despotisms of Europe. Nor are these the only persons that await your coming. You are wanted in Medical Societies, the advocates of higher medical education rely on your support, Boards of Health and Registrars are looking to you to make their statistics perfect and complete, and Army and Navy Medical Examining Boards are preparing fresh lists of questions for your benefit. But perhaps you flatter yourselves that you have now passed your final examination. Never was a greater mistake. Your

most severe and continued ordeal is just about to begin. And it may be that the result will give rise in some of your minds to serious doubts as to the value of the Darwinian theory about the survival of the fittest. But at all events I can assure you that you need have no fear as to there not being room for you, or that the world has not work enough for you to do. You know the old saying, "There is always plenty of room on top." But even in the lower stories there is plenty of standing room. There are to-day between one and two millions of sick people in the United States, and the deaths for this year will certainly be a million. You see, therefore, that the sanitarians, whom some of you may, unwisely, look upon as enemies, since they are trying to do away with some of the causes which necessitate your services, have, at all events, not yet seriously injured the business of the profession. And for your further encouragement I will predict that it will be a long time before they succeed in doing this, for whatever variations the changing seasons bring to our other harvests, the fool crop continues with almost unvarying regularity.

While I am on this subject, however, let me advise you from the business point of view, as well as on account of your interests as citizens and humanitarians, to look into this matter of preventive medicine a little more closely than you have yet probably had time to do. It is going to be a very important matter in your day and generation, and you will be examined and cross-questioned on it to an extent which you little suspect. Some of you will no doubt be called to act as members of Boards of Health, and all of you are sure to be appealed to on questions of ventilation, house drainage, school hygiene, pure water, adulterated food and drugs, and the means of shunning or putting away the pestilences, which will consume, not only the children of other people, but your own also, if you cannot answer the sphinx's riddle.

You will find that public health legislation is a matter to which you cannot remain indifferent, for you will become part of the machinery whether you wish to or not, and if you are wise you will study the subject so that

you can aid in shaping this legislation to what it should be, for in this respect knowledge is power. If you leave the matter to sentimental enthusiasts and professional office-seekers, you will find that it will turn out like the Irishman's ale—it will thicken as it clears. One of the matters just alluded to touches your professional work very nearly, and that is the adulteration of drugs. If you practice in a large city, this is not of so much importance, since you can always readily find first-class pharmacists, upon whose preparations you can rely, but away from the great centres, the case is different. Unless you can depend upon getting what you call for in your prescription, what success can you hope for? and yet unless you know what apothecary is to fill that prescription you cannot rely upon it. And it is always wise not to conclude that your treatment has failed until you have made sure that what you have ordered has really been given.

And in this immediate connection, permit me to remind you why the hyrax has no tail. It is written in the mystic volume of St. Nicholas that when the world was about being completed, notice was issued to all the beasts that, if they would go to the Court of the King on a certain day, they would be handsomely finished off with tails. All were pleased with the prospect, but the hyrax was especially delighted. Now when the appointed day came, it was cold and rainy, and the hyrax did not like to go out in bad weather. So he stood in his door and asked the lion and the wolf and several others to bring him his tail, and they all promised to attend to it. But they all forgot it; and when the hyrax went himself the next day to see about it, he found that the supply of tails was exhausted. That is why the hyrax has no tail, and if you rely on what other people tell you what they have done, or are going to do for you, the result will probably be about the same.

And just here permit me to give you an entirely new bit of advice; at least, I did not find it in any of the valedictories I read. You will, of course, never ask a man who is not acquainted with you personally to give you recommendations or testimonials; but see to it that you yourselves never sign a recommenda-

tion for a man whom you do not know. Do not be persuaded or bullied into doing this by people whom you know, for people whom they know, but you do not. If you wish your name and opinion to have any value in the eyes of other people, respect them yourself.

Do not be in a hurry to write or teach. The American press has been said to be chronically premature, and the same may be said of a good many graduates—not, of course, of this school, but of some other schools; and not only in this country, but in other countries. There are a great number of men, in all professions, and in all parts of the world, of whom it may be truly said, that if they knew more they would say less. Try to know something of all branches of science, for they all throw light upon your work; and at the same time try in some one branch of your own special field of study to know more than anybody else, and to be sure that you really do know it. This is not so difficult as it may seem. You will not have to go far in any direction before you will come upon that which is doubtful or unknown—questions which as yet have no answers. And if, during your pupillage, you have learned to think, and are not, as Holmes phrases it, merely "phonographs on legs," the rest is a mere matter of detail, and this advice is not difficult to follow. Hesiod said that in his day there were three kinds of men—those who understand things of themselves, those who understand things when they are explained to them; and those who neither understand things of themselves nor when they are explained to them. That was the classification in Greece over two thousand years ago, but it is a convenient one for use even now; and when a man has settled for himself to which class he belongs, his education has taken a long stride.

Each of you has his aspirations—a little vague, no doubt, but none the less real. Keep them as long as possible, and above all things, do not assume or affect a cynicism which belongs neither to your age nor to your experience. Second-hand misanthropy is like a second-hand Chatham Street coat: it never fits. No doubt you all desire to make money; not for the money's sake, but for what you can do with it. It is not a desire to be ashamed

of, and the business of your profession demands your careful attention. But mark this: The best works in the world are not done for money, or from selfish motives of any kind. And if you are to achieve true success—the success which brings happiness, and is the only kind worth seeking—you must do a vast amount of work, not for money, but in part because you like it, and in part because it will do good and help others. Do not wait for the opportunity to do some great thing. Take hold of the work that lies next your hand; work which you can do, and which ought to be done—it will be very strange if there is not always something of that sort waiting for you; and do not dawdle, and defer, and lose the good, in a vain waiting and longing for the best.

Be healthy, brave-hearted, and joyous. Physical health is unfortunately not contagious, but mental and moral health is. Avoid second-hand philosophy, sickly complainings about the evils and miseries of life, and small beer of all kinds. No doubt you will find many of your golden dreams fading into gray mists; but, on the other hand, you will be continually stumbling against solid realities, which are quite as good as any dreams if you only recognize the opportunity. Labor and trouble you must meet; but of the first you can for the most part make a pleasure, and the second should not be pampered and made a luxury of. Never pity yourselves. Do not waste your time in vain speculations as to the why. Remember that bitter little poem of Heine's:

"By the sea, by the dreary darkening sea, stands a youthful man,  
His head all questioning, his heart all doubting,  
And with gloomiest accent he questions the billows.  
Oh, solve me life's riddle, I pray ye, the torturing ancient enigma  
O'er which full many a brain hath long puzzled. . . .  
Tell me, what signifies man? Whence came he hither?  
Where goes he hence! . . . .

"The billows are murmuring their murmur unceasing,  
Wild blows the wind, the dark clouds are fleeting,  
The stars are still gleaming so calmly and cold,  
And a fool is awaiting an answer."

In the majority of valedictory addresses

which I have examined, there was a more or less special advice about medical ethics, and a word or two on this subject is, therefore, not out of place. The code—or, perhaps, I should now rather say the codes—of medical ethics are great mysteries to the public at large. By many it is supposed to be a sort of trades-union set of rules designed to protect the business interests of physicians, without any particular regard to the rest of the world. I need hardly say to you that this is not true. It may be summed up in this, that a physician should be a gentleman, and should treat other physicians and his patients as he would wish to be treated under like circumstances. And your duty in this matter is to attend to your own ethics and not those of other people. Medicine is not a rigid system of rules and formulæ as it was in ancient Egypt; a fixed creed to which you are to subscribe, and from which you must not vary. It is a living, growing thing, making use of every resource which the progress of science brings; it is truly eclectic and catholic testing all things, and holding fast to that which is good. It is not a system which forbids the use of any particular remedy, or limits its followers within the narrow bounds of sect or ism. There are such systems, and there are a few men who advertise themselves as followers of such systems, and who really do follow them. There are also many men who so advertise, but who really do not follow them. Some of these last are well-educated physicians, "but they are—that is to say from the point of view of a gentleman, they must be considered as—in short, the more you know of their methods the more fervidly you will assent to what I have not said about them."

One of the latest authoritative expressions of opinion on this subject is the following resolution recently adopted by the Royal College of Physicians in London:

"While the College has no desire to fetter the opinion of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine, it nevertheless expresses its opinion that the assumption or acceptance by members of the profession of resignations implying the adoption of special

modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The College, therefore, expects that all its fellows, members, and licentiates will uphold these principles by discountenancing those who trade upon such designations." This last sentence touches the root of the difficulty. *Those who trade upon such designations.* Let us take a concrete example. You treat a case of pemphigus with arsenic. You may theorize as you like about the essential nature of pemphigus; you may select arsenic because you think it would produce the disease, or because you think it produces something contrary to the disease, or for no reason whatever beyond the empirical fact that you have seen a case of pemphigus recover under the use of arsenic. Also, you may give this arsenic alone or combined with other substances, and in any doses that you please, from the decillionth of a grain to a grain, and you may explain the results as you like. But as an educated physician, and a gentleman, you may not advertise yourself as an arsenio pemphigist, and denounce every one who does not adopt your theory and practice, and as there is a good deal of common-sense truth in the old adage, that a man may be known by the company he keeps, you will not have more to do than you can help with the men who do so advertise themselves; and still less will you have to do with those who advertise themselves as antiarsenio-pemphigists, and then treat their cases with arsenic after all, and claim the results as due to dynamized brickdust.

And please observe that this is all that you have to do. You are not to enter into controversies with them or abuse them, you are not to repine over their success or exult over their failures. They have another code of ethics from your own; that is all that need be said about it. Thus far I have been speaking of fairly educated sectarian physicians. As to the ordinary, uneducated, and bill-distributing quack, with his sure cure for cancer, or his pure vegetable specific for coughs, rheumatism, and dyspepsia, you may be sure that in the long run he will make rather more business for you

than he takes away. Do not fall into the error of supposing that legislation can prevent the existence of this class of men, or that you need the protection of the law against them. The public interest demands such protection, if for no other reason than to secure a proper registration of the causes of deaths of all citizens, and it is not only your right, but your duty, to call the attention of legislators to these interests, but never seek protection on your own account.

Be honest to yourselves as well as to other people, and do not be afraid of admitting that you do not know, or feel bound to attempt an explanation of all that you see or do. He who would know anything thoroughly must be content to be ignorant of many things. Try to define to yourself, as clearly as possible, your own ignorance; it is the first step towards remedying it, and be sure that the modest student, whether he be under-graduate or learned professor, will everywhere meet with helping hands in the great brotherhood of science.

There are many men who are honest in purpose, and yet who are constantly, although not consciously, untruthful; they see that which they think they ought to see, and not that which is.

I am reminded that this is a valedictory address, and that in it I must bid you farewell. This I do in behalf of your teachers, whose unavailing regrets that they are not to have another opportunity of meeting you in the examination-room, you can imagine much better than I can describe. What they could do for you they have done. And now, as Emerson says, "We have accompanied you with sympathy, and manifold old sayings of the wise, to the gate of the arena, but 'tis certain that not by strength of ours, or of the old sayings, but only on strength of your own, unknown to us or to any, you must stand or fall." You may be sure of our best wishes for your success and happiness.

"Who misses or who wins the prize, go lose or conquer as you can;  
But if you fall or if you rise, be each, pray God,  
a gentleman."

But while I bid you farewell as students, I also bid you welcome to the ranks of the pro-



feasion. And I can assure you, that upon the whole, you are coming into very good company. If in anything I have said this evening I have seemed to speak lightly of the medical profession or its adjuncts, I hope it will not be construed as more than the ordinary banter in which we boys sometimes indulge when we get off in a quiet corner by ourselves.

I have much faith in the advice of that anonymous writer who said :—

"Oh, never wear a brow of care, or frown with rueful gravity,  
For wit's the child of wisdom, and good humor is the twin.  
No need to play the Pharisee, or groan at man's depravity ;  
Let one man be a good man, and let all be fair within.  
Speak sober truths with smiling lips ; the bitter wrap in sweetness,  
Sound sense in seeming nonsense, as the grain is hid in chaff.  
And fear not that the lesson e'er may seem to lack completeness,  
A man may say a wise thing, though he say it with a laugh."

It is true that you are entering, nay, in your medical studies you have already entered, a world of labor, and pain, and sorrow. You will see how the destruction of the poor is their poverty, and how the sins of the fathers are visited upon the children ; how neither culture, nor wealth, nor power, can forever put off the evil day ; and how there is, at last, one event to all the sons of men.

You must be prepared to deal with anxiety, fear, grief, and despair, as well as fever and physical pain ; you are to be not only physician, but friend, confessor, guide, and judge, and you cannot avoid these responsibilities if you would, nor should you if you could.

Nevertheless, I can assure that you are also entering a beautiful world, where the very shadows prove that plenty of sunshine exists, a world of brave men and good women, whose best and noblest characteristics are brought out most clearly and vividly in such scenes as those in which you will be called to act. But remember, that as a rule, you will find only what you seek and believe in. Remember, also, that this knowledge which you have acquired, and are yet to acquire, is entrusted to you as a power,

a power none the less real, and involving no less responsibility because it is accompanied by no special outward insignia of authority or rank.

By the help of this knowledge you are to get wisdom—that wisdom which always lingers, and sometimes comes too late ; that wisdom of which it is written that for all the children of men "length of days are in her right hand, and in her left hand riches and honor."

THE NEW YORK STATE MEDICAL SOCIETY, when it enacted its little law permitting consultations with all legally qualified practitioners, viz. : homœopaths, eclectics, and the horde of irregular practitioners, had but eighty members present ; and there was of these a good minority (30) opposed to such action. There are over 4,500 qualified regular practitioners in this State. It remains to be seen, whether a small collection of fifty doctors are to so override the views and defy the convictions and customs of this great medical army, as to bring all reputable practitioners of the State into absolute collision with the American Medical Association ; and to place them in opposition to the recognized views and respected customs of the 60,000 reputable physicians of this country. It is certain that 59,950 physicians of the United States are justly opposed to any such consultations ; wherein there can not be either honourable agreement or rational compromise. And if a small majority of a small body of eighty men are to control and defy the impregnable sentiment of over 59,000 physicians, the day of absolute absurdity and medical chaos has fully and fatally dawned. The American Medical Association will, of course, justly repudiate the New York Medical Society, and all who yield an allegiance to its recent inexcusable legislation. And the best medical men everywhere, will say Amen, and Amen.

—*American Medical Weekly.*

NEW SOURCE OF VACCINE VIRUS.—A new source of vaccine virus has recently been discovered in France, according to the *Progrès Médical*. A cow was recently discovered at Eusyres, in the vicinity of Bordeaux, affected with the vaccine disease spontaneously devel-

oped. From the virus thus obtained a heifer was inoculated, and sent to Paris. An examination by the members of the Academy took place, at which it was shown that about thirty genuine pustules were located in the vicinity of the teats. The virus taken from these pustules produced other pustules on children heifers exactly identical with those of normal vaccine. From the vaccine virus thus obtained, M. Chambon, from whose stables the hospitals of Paris are supplied, has renewed his animal vaccine. He now favours the propagation of this, called the Gironde, vaccine in the city. The virus is considered equal to the most renowned, that of Passy, discovered in 1836, and that of Beaugency, obtained in 1866. —*Pittsburgh Medical Journal*, March, 1882.

THE ETHICS OF NEW YORK.—The proposition of the society of the State of New York, to hold consultations with all legally-qualified practitioners of medicine, does not exclude the licensed cancer quack, the midwife, and the chiropodist. It embraces all the pathies. Now, this is called ethics, and we are plainly informed by the *Record* that this is reform. Fortunately, the provisions for enforcing this code of defiance to all ethics and common decency are limited to the prostitutes of professional morals, and the country may yet be saved. —*Louisville Medical Herald*.

The *Boston Medical and Surgical Journal*, says: "*L'entr e est d fendue aux dames*" is certainly not a suitable inscription to be placed over the portals of a University; and it is satisfactory to be assured by the President of the Boston University, in his last report, that a phrase so often seen over certain apartments in French railway stations will be denied a place upon the front of the University building. —*Phila. Med. and Surg. Journal*.

Dr. Thomas K. Chambers has been elected to represent Oxford University in the General Council of Medical Education and Registration in the United Kingdom for five years, in place of the late Professor Rolleston.

## Obituary.

### JOSEPH PANCOAST, M.D.

This distinguished and venerable surgeon died in Philadelphia on the 7th ult., from a pneumonic influenza, at the advanced age of 76. He was born in Burlington Co., N. J., in November, 1805, graduated in medicine from the University of Pennsylvania in 1828, and practised in Philadelphia from first to last. He succeeded Dr. Geo. McClellan in the Chair of Surgery at Jefferson Medical College, in 1838, and held this position until the reconstruction of the school in 1841, when he was transferred to the Chair of Anatomy, which he continued to occupy with great acceptance and distinction until his resignation in 1874 when he was elected emeritus professor. During his career he was connected with several of the Philadelphia hospitals. He translated Lobstein's "Treatise on the Sympathetic Nerve" in 1831, and was editor of "Manec on the Sympathetic" and on the "Cerebro-spinal System in Man," of Wistar's "Anatomy," and of Quain's "Anatomical Plates," and he published a "Treatise on Operative Surgery" in 1844. As an operator he was bold, brilliant, original, and successful; as a teacher learned, lucid, influential, and, above all, practical. He has left an impress in the history of American surgery which time will not readily efface.

## Births, Marriages, and Deaths.

### MARRIAGES.

On February 23rd, at Christ Church, Brampton, by the Rev. C. C. Johnston, R. S. Tyrrell, Esq., M.D., of Toronto, to Grace, eldest daughter of Dr. N. O. Walker, of Port Dover.

At "Bassington," township of Cramahe, on the 8th of March, by the Rev. R. H. Harris, Edmund J. A. Rogers, Esq., M.D., L.R.C.P., and L.R.C.S., Ed., of Denver, Colorado, youngest son of the late J. G. Rogers, of Grafton, Ont., to Maria Georgina, second daughter of G. S. Burrell, Esq.

### DEATH.

At Ancaster, on Friday, the 24th of March Henry Orton, M.D., aged 50 years.

Dr. Yates, one of Kingston's most eminent physicians, a late surgeon of "A" battery, Quebec, is dead. He came to Kingston fifty years ago.

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TORONTO, MAY, 1882.

## Original Communications.

### NOTES ON THERAPEUTICS AND PHARMACOLOGY.

BY R. L. MACDONNELL, B.A., M.D., M.R.C.S., ENG.  
(Assistant Demonstrator of Anatomy, McGill University, Montreal, Physician to Montreal Dispensary.)

#### THE TREATMENT OF ACUTE RHEUMATISM BY SALICIN AND SALICYLATE OF SODA.

At the discussion of this interesting subject at the meeting of the Medical Society of London, held on the 16th January, 1882, papers were read by Dr. Douglas Powell, Dr. Gilbert Smith, and Dr. Broadbent.

Dr. Douglas Powell had treated 32 cases in his ward at the Middlesex Hospital since January, 1881, and of these 15 had primary rheumatism, and in 17 cases the patients had suffered one or more previous attacks. Of the 15 primary cases there were previous heart complications in 7 out of the 15 admitted with primary rheumatism, and in 12 out of 17 admitted with second or third attacks. Statistics of relapses depend upon what is meant by a true relapse, and figures brought forward show that although the salicyl compounds are more immediately efficacious in neutralizing the activity of the rheumatic poison, yet they do not eradicate it, or influence the process of its manufacture as do other drugs, and especially perhaps the alkalis. Of his 32 cases, in only 7 instances could he regard the disease as having subsided by the 5th day, these cases being retained in hospital 19, 45 (relapse 10th day), 21, 14, 16, 17, and 17 days (slight relapse of pain) respectively, and giving two cases of relapse. But even in these cases by "subsi-

dence" of active symptoms, he does not infer cessation of the disease. The mean period of convalescence was the 15th day for the men; and the 12th day for the women, the total relapses in 32 cases being six.

Joint inflammation and pyrexia do not include the essential features of acute rheumatism, any more than pyrexia and diarrhoea do those of enteric fever. Under whatever plan adopted the disease still exists so long as the tongue remains coated, and the secretions disordered; then will relapse follow upon any exposure, exercise, or improved diet. The successful treatment of rheumatism is one of many details, and the danger of accepting abatement of pain and fever as evidence of the termination of the disease lies in this, that precautions are relaxed both on the part of the patient and his attendants.

As regards heart complications Dr. Douglas Powell's impressions of the salicyl treatment are favourable. Hyperpyrexia he has met with but twice, and that in private practice. In the first case, that of a lady with aortic disease of an old date, it was a second attack and mild. The pains and temperature rapidly subsided under twenty grain doses of salicylate of soda, administered every four hours; but whilst the patient was still deafened from the drug the temperature rapidly rose, and she died suddenly when it reached 107°, before a bath could be prepared. In the second case hyperpyrexia set in with delirium proceeding to complete insensibility, whilst the patient was taking the salicylate of soda in twenty grain doses. He saw the case when the temperature was 107°, and before a bath could be prepared it had risen nearly to 108°. By the addition

of large lumps of ice to the bath the temperature was in an hour reduced to 100°, the patient restored to comfort and consciousness. He died three days later, probably from some lung complication. No *post-mortem* was held in either case.

Dr. T. Gilbert Smith, Assistant Physician to the London Hospital, spoke more of the effects of the salicyl compounds on the heart complications of acute rheumatism. He concludes his address with the following statement: "That notwithstanding our expectations based on the good effect of the salicyl compounds in several of the marked features of rheumatic fever, there is no evidence, so far as hospital statistics are concerned, to show that the introduction of the salicylate treatment has led to any diminution in the amount of cardiac complication in acute rheumatism."

The concluding address at the meeting was that of Dr. Broadbent. He has treated 90 cases mainly with the salicylate of soda, and thinks that after the administration the pain subsides with extreme rapidity, and the fever also; and whatever the ultimate results may be the immediate relief afforded is most striking. As regards cardiac complications he recognized the fact that salicyl compounds had no influence whatever upon the course, certainly of pericarditis, and a very small influence on the course of endocarditis, and that not only was the lesion itself—the inflammatory cardiac lesion—unaffected, but when one had to deal with cardiac inflammations the fever failed to subside under the salicylates. In endocarditis the resistance to the effects on temperature of the salicyl compounds is not so marked as in pericarditis. In many of the cases in which the temperature persists after the alleviation of pain, it is due to the existence of endocarditis. Cardiac weakness, the result of the administration of salicylates, is unknown to Dr. Broadbent as a permanent affection, but he has seen a high temperature rapidly go down leaving a very weak and infrequent pulse. This happens also after the defervescence of relapsing fever as well as in pneumonia. "If facts can settle a question, then I consider that the value of the salicylic treatment of rheumatic fever may be consi-

dered as settled. . . . I think we may say definitely, that by means of salicylic compounds the duration of the pain and fever in rheumatism is unmistakably lessened; and even if the stay in hospital is not materially shortened, certainly the suffering is very greatly diminished. With regard to relapses, perhaps we may say that they seem to be more common under the new than under the old methods of treatment. Still, I am quite sure that the explanation of this is to be found in the rapidity with which all the acute symptoms subside under the administration of salicylates. You cannot in these circumstances get the patients to be so careful of themselves as when they have gone through the terrible sufferings of an unalleviated attack of acute rheumatism."

Dr. Broadbent does not believe that the salicylates increase the frequency of heart disease; on the contrary he coincides with the hope and anticipation expressed by Dr. Fagge, in the early part of the discussion, that when salicylates are brought to bear upon the fever in the first days of its existence we shall see a notable diminution in the heart disease. In his experience it was rare to see cardiac complications springing up.

#### MEDICATED INHALATIONS IN LUNG DISEASE.

The treatment of lung diseases is one of the opprobria of the medical art. Expectorants notoriously are unreliable and uncertain in their effects, hence we look with interest on the growing practice of treating these diseases by inhalations of volatile substances since we have seen this line of practice yield such good results in laryngeal diseases. M. Guillemin, \*(Arch. Med. Beligiques Iinlet 81), gives the result of his experience in the use of medicated vapours; warm aromatic vapours relieve pain and cough in the early period of acute inflammatory disorders. The addition of one of the volatile sedatives (ether, cherry laurel water, or hemlock), increases this effect. The terebinthines arrest the progress of such disease. Vapour of iodine increases secretion and tendency to cough, hence is useful in diminishing the tenacity of the morbid products of secretion, and

\*Quoted in the April number of the *American Journal of the Medical Sciences*.

provoking a cough to expel them. Iodine arrests decomposition in the tubes. The inhalation of turpentine diminishes the quantity of secretion and augments its consistence. It can arrest the formation of pus, and is indicated in all affections of the respiratory mucous membrane accompanied with a profuse formation of muco-purulent secretion. It should be avoided when there is difficulty of expectoration from a too great tenacity of the secretion. Inhalations of turpentine are indicated in hæmoptoe, especially when of moderate intensity.

The giving of inhalations is, after all, not such a troublesome affair as many suppose. The vapour terebinthinal of the Brompton Consumption Hospital, answers the purpose admirably. It is composed of one drachm of spirits of turpentine, with three drachms of tincture of larch, is put into a suitable vessel and over the turpentine is poured half a pint of hot water. I have used creasote with good effect in this way, following Ringer's advice in dispensing with a special inhaler and using a common jug. In a case of plastic bronchitis, I believe it gave great relief by checking the formation of tough secretion.

#### USES AND DANGERS OF IODOFORM.

This powder which has been found so useful in the past few years is now attracting attention, and many new virtues are being found in it. It has been described in modern therapeutical works as a local anæsthetic and alterative, and has been used internally in the cases in which iodine is indicated. It is now coming to the front as an antiseptic. Mickulicz (*Wiener Med. Wochenschrift* 1881, No. 23),\* claims that in this role it is superior to carbolic acid, is more easily used and less apt to cause constitutional disturbance by absorption. Poisoning by iodoform, however, does occur, and is usually of the narcotico-irritant type. In open wounds iodoform is sprinkled over the surface, covered with lint and gutta serena tissue, and the whole dressing is kept in place by a bandage. Discharge is slight, decomposition never occurs, and there is a rapid formation of healthy granulations. Iodoform is specially useful in those wounds which, as in operations about the rectum and

mouth are difficult to treat antiseptically. Gauze compresses, saturated, with iodoform, prevent offensive smell, and cause no discomfort to the patient. Its effect in lupus is said by Riehl\* to be gratifying. The epidermis when necessary, having been removed by the application of 5 to 10 p. c. solution of caustic potash, the iodoform is laid on in a layer several millimetres thick, and fixed as above described. This treatment was carried out in twenty cases in Kaposi's clinique. On removal of the dressing in three to eight days the disease was found completely removed, redness and swelling gone, and the sore skinned over.

In deep wounds Mikulicz recommends pencils composed of one part of iodoform to two of cacao butter, and for injection a 20 p. c. ethereal solution. The smell of the drug can be overcome by adding one minim of bergamot to ten grains of iodoform, or moistening the powder with an ethereal or alcoholic extract of tonquin bean. Mr. Walter Whitehead, (*British Medical Journal*, March 11th, 1882), proposes to conceal its odour when used on venereal sores in the following way: Paint the sores with an ethereal solution of iodoform. In a few moments put on a coating of collodion, and on top of this a little absorbent cotton wool. A similar plan is practised by Dr. G. H. Fox, (*New York Medical Record*), to prevent discolouration from chrysophanic acid in psoriasis. He rubs up the acid into a paste with water, and then paints collodion over the patch.

Iodoform as a application to cancers, ulcers, and burns is universally in use. In diseases of the nose, too, ozæna, ulcers of the septum, &c. it may be blown up the nostril alone, or in combination with any other powder, the employment of which the particular case may render advisable, bis nuth, tannic acid, oxide of zinc, (*Medical Times and Gazette*, Jan. 14th, 1882).

Dr. Sands, of the Roosevelt Hospital, publishes a lecture upon this subject in the *New York Medical Record*, and confirms all that has already been stated. He has met with several cases of the milder form of iodoform poisoning where there were headache, anorexia, insomnia and other exaggerations of nervous sensibility. Of the two cases one recovered, the other died with acute mania.

\* *American Journal of Medical Sciences*, April, 1882.

Iodoform internally in goitre, is spoken favourably of by Boechat in the *Corres für Schweizer Aerzte*, No. 1, 1882, (quoted by the *London Medical Record*). In soft goitres of recent date it is said to be especially serviceable.

In my father's practice iodoform internally had a remarkably good effect in a case of goitre occurring in a young lady about 17 years of age. The tumor gradually disappeared, and I have seen no return of it in the last seven or eight years.

#### THE TREATMENT OF EPILEPSY.

Although there is much satisfaction in using a remedy alone, yet we find in many instances an advantage to be derived by the mixture of several different agents capable of producing the same effect in different ways. For example, iron and quinine, are, when combined, a more excellent tonic than either one alone. It has long been claimed that a combination of bromides makes more headway against epilepsy than bromide of potassium alone. The experience of Brown Sequard was to this effect, and his formula\* is in constant use in the present day. In the *Journal de Med. de Paris*, January 21st, 1882, Prof. Ball recommends the use of the alkaline bromides, particularly those of ammonium and sodium, with belladonna and oxide of zinc. He administers these bromides of each 10 parts in 300 of water, commencing with teaspoonful-doses four times a day, and increasing up to eight or ten doses daily, if the treatment is not followed by improvement within a few days. The belladonna and the oxide of zinc are given in pill form, 15 grains of each being made up into forty pills, and of these, two are taken daily, one in the morning and one in the evening; four pills can be given daily in rebellious cases without causing any inconvenience. For many reasons he prefers this double salt to the other bromides; it does not produce the headache or torpor generally following the prolonged use of the bromide of potassium, and even when a cure is not produced the double bromide diminishes the fre-

\* Take Potass. Iodid., one drachm; Potass. Bromid., one ounce; Ammon. Bromid., two-and-a-half drachms; Pot. Bicarb., two scruples; Infus. Calumbæ, six ounces; Mix. — One drachm before each meal, and three drachms at bed-time.

quency and intensity of the attacks, even in cases where the bromide of potassium has failed. The eruption following the use of the potassium salt is rarely seen when the double bromides are used.

#### CASES IN PRACTICE.

BY J. FERGUSON, B.A., M.B., L.R.C.P.E., L.F.P.S.,  
GLASGOW,

(Assistant Demonstrator of Anatomy, Toronto School of Medicine.)

#### CHRONIC GONORRHOEA.

Mr. A. J. took very sick one morning and sent for me. He gave me his age as 19 years, which I think was about correct. His temperature was 103° F.; pulse 101 per minute. There was a good deal of tenderness in the left iliac region. I found, on enquiry, that he had been afflicted with gonorrhœa for nearly two years. During this time he had received his share of treatment. A few days previous to the date of my visit, he had been drinking some, though his habits are steady. This had set up an acute attack out of the chronic one already existing. I gave him a saline laxative and the following mixture:—Pot bromidi ʒiv., Tr. gelsemii ʒii., liq. ammon. acetat ʒiii., aquæ ad ʒviii., ʒss. three times a day. In a few days he was out of bed and came to my office. He told me that the stream of water had been gradually getting smaller for a considerable time. I found there was commencing stricture, and that there had always been a thick mucous, and often a purulent discharge from the urethra, in spite of medication. I at once adopted the syphon treatment, which I described in the *CANADIAN JOURNAL OF MEDICAL SCIENCE*, for July, 1881. After the fourth day all discharge ceased; but washing of the urethra was continued for ten days, morning and evening. Catheters were then passed at each sitting daily for one week, ranging from No. 6 to No. 10. He has now been free from all trouble, both with regard to the discharge and threatened stricture, for a period of rather more than two months.

#### SICK HEADACHE.

Mrs. B. has been a victim to this trying infirmity for about eight years; but for the last

two years her condition has been very wretched, rarely escaping for a longer period than three weeks, often, however, having an attack at intervals of ten days. The suffering in this case was intense, and the vomiting excessively severe. This condition had induced a good deal of debility, and, what is worse, despondency. I suggested various remedies, but was not very well satisfied with my results. Shortly after one of her attacks, which was of more than usual severity, I began giving her nitro-glycerine. One minim. of the one per cent. solution was used for a time, thrice daily, and then gradually increased till she was taking two minims at each dose. At first there was considerable discomfort caused by the remedy in the form of giddiness and nausea. There was no vomiting however, and the patient continued faithfully taking her new agent. Since this treatment was commenced she has not had a single attack in a period of fourteen weeks, a state of things unknown to her for many years. This immunity from the attacks has greatly improved her general health, and this will be, no doubt, an important factor in finally securing a good result.

#### A STRANGE CASE.

Mr. H. W., one evening at tea accidentally bit the side of his tongue; but as there was no great amount of pain, paid very little more than a passing notice to the affair. Next day the tongue began to swell and became pretty painful, interfering a good deal with mastication. Still but little attention was given the matter until the second day after the biting took place. I saw the patient about two p.m., and found pretty severe glossitis with the organ very much swollen. The pulse was 99, the temperature 100°F., and the bowels constipated. I ordered pulv. jalapæ co. gr. xx., hydrarg. subchl. gr. v. for one dose, and tr. opii m. x. vini antimonialis m. x. Liq. ammon. acetat ʒii., aquæ ad. ʒi. every four hours. Next day I found the pulse 90, temperature 99, and that the bowels had been freely moved. The tongue, however, was still greatly swollen, and the gums were soft and tender. I scarified the tongue and encouraged bleeding by washing out the mouth with tepid water, and making

the patient suck his own tongue. Pot chloratis ʒi., aquæ ʒiv. was ordered as a wash for the mouth, and the mixture changed to tr. ferri perchl. m. xv., acid. phosphor. dil. m. xv., quiniæ sulph. gr. ii., aquæ ʒiss. every four hours, to be swallowed through a glass tube. Next morning the condition of the tongue was greatly improved, and the general appearance of the patient good. Pulse 88, temperature 98.8. The same medicine continued. About 1 a.m. of the following day I was sent for. On arriving I found the patient lying on his back, tossing his arms about, and complaining of a severe suffocating feeling, with occasional coughing. Careful examination revealed nothing the matter with the lungs. There had been some vomiting. The heart was beating about 150 per minute, the pulse could not be felt in left wrist, while in the right it was too feeble to be counted, and the rate of circulation had to be taken over the heart with a stethoscope. The strange feature was that the two sides of the heart were not keeping time, but completely out of rhythm, and trotting along like a span of horses. There was also great pain over the abdomen generally, but especially between the ensiform cartilage and the umbilicus. The temperature was 100.1 F. Tr. opii m. xv., tr. digitalis m. xv., vini ipecacuanha m. x., acid hydrocyan. dil. m. v., aquæ ʒi. every four hours was ordered, and a turpentine fomentation placed on the abdomen. I saw him about eleven a.m. of the same day, and found the pain very much abated; the heart beating 130 per minute, temperature 99, and the radial pulses returning; rhythm still irregular. The same mixture continued. I saw him again at six p.m.; pain and tenderness almost gone, pulse 89, temperature 98.5, respirations 20 per minute, often sighing, complained of being sleepless. He was ordered: Pot. bromid. gr. xv., pot iodidi gr. v., tr. aconiti. m. iss., aquæ ʒi. every four hours. He was seen the next day at noon; had a good sleep during the latter part of the night; pulse 80, temperature 99.1, and coughing a good deal. He had expectorated during forenoon some prune-juice-like fluid, but no symptoms of pneumonia could be found; bowels constipated. I gave him ammon. chlorid gr. x., spts. chloroform, m. x., syr. ʒss., aquæ, ʒji.

every two or three hours, and a pill of pulv., ipecac. gr. i., pil al. et myrrh. gr. iii., ext. nucis. vom. gr.  $\frac{1}{2}$ , to be repeated each day if needed. On my visit the next day I found the state of things very favourable. There were some moist râles in right lung, which could only be heard from the axilla. Same treatment continued. On my next visit: Acid. hydrocyan dil. 3i., acid. nitric. dil. 3ii., glycerine 3vj., infusi quassiae ad 3vj., 3ss. thrice daily was ordered.

The peculiar points are the simple cause of so much constitutional disturbance; the good health previous to biting of tongue; the abdominal pains; the strange action of heart, which is quite normal now, the pulmonary complications, and the tendency to constipation.

#### PROCIDENTIA OF THE GRAVID UTERUS.

BY JAMES ROSS, M.D., TORONTO.

On account of the rarity of procidentia of the gravid uterus, and of the connection between this case and one recently reported in the *British Medical Journal*, I send you the notes of it from my case book.

Mrs. J. O. sent for me May 23rd, 1870, in great haste. Arriving at the house within half an hour I was told that she had been to the market and had started for home carrying a large basket of provisions. When she felt something suddenly give way and sank immediately to the sidewalk. "I felt," she said, as if my inside were coming out." She was assisted home and I found her in bed. She was seven months pregnant with her second child. There had been nothing unusual about the first labour.

Upon examination I discovered a complete luxation of the uterus; it lay as a large tumour between the thighs, partially external to the labia which were stretched over it. The outlines, position, and movements of the fœtus could be easily felt and seen.

I placed pillows under the hips to raise them well and reduced the luxation without much trouble. She was given an opiate; a perineal band was adjusted over a large pad made from

napkins, and the recumbent position maintained and insisted upon. In three weeks she was allowed to be up and went about as usual. Gestation continued to term. I delivered her of a fine female child on the ninth of July. The labour was quite natural. The date of the occurrence of the procidentia was May 23rd and of delivery, July 9th, a period of forty-seven days intervening.

Both mother and child are still living. The mother has been troubled with slight prolapsus since, but is otherwise in excellent health. Her menses have been regular and her second is as yet her last child. I hardly think it likely that she will ever become pregnant again. In 5,686 cases of labour, this is the only one of the kind with which I have met.

#### THE PROPER MODE OF PRESERVING VACCINE.

BY J. FERGUSON, M.D.

I think all who have tried "ivory points" and "quills" are thoroughly satisfied that they are not reliable by any means. If the vendors would only put up the vaccine in capillary glass tubes, sealing their ends by means of a spirit lamp, trouble would be at an end. The mode of filling is extremely easy. The end of the tube is touched against the lymph, escaping from the vesicle, and is at once charged by the fluid flowing along its lumen. Each end is then quickly plunged into a spirit-lamp, or gas flame, this melts the glass, and completely protects the lymph from the air. In this way it can be kept good for an indefinitely long time. The sealed ends are snipped off when used. I used hundreds of these tubes in Britain and never knew a failure. I prepared a considerable number for my own use, which were as sure as those provided by the regular vaccine houses. This mode of keeping the lymph was first brought before the profession by Dr. Husband, of Edinburgh, and is undoubtedly the best. It is almost universally adopted in Britain, where failures in vaccination are almost unheard of. It would be quite a boon if our American and Canadian producers could be induced to try this method; for this is all that would be required to ensure its continuance.



## Selections: Medicine.

### APHASIA.

BY HUGO ENGEL, M.D., PHILADELPHIA.

As early as the beginning of the present century attempts were made to locate the speech-centre in some particular part of the brain, and while Gall thought, from several cases in which he had made a *post-mortem*, that its seat was in the hemispheres of the cerebrum, Bouillaud, and, later, Marc Dax, declared that disturbances of speech were remarkably often connected with lesions of the *left* hemisphere, and that it was there that "the memory of words" seemed to reside. But Broca was the first to locate its seat more precisely, and he not only demonstrated that the speech-centre was situated in the left third frontal convolution, but he contended also that the faculty of speech was one gradually acquired, and that the gray matter presiding over it was brought step by step to a full development on the *left* side in *right*-handed persons. Of the latter fact one case especially convinced him, which he has published in the work quoted,—that of a left-handed epileptic female, in whom after death it was discovered that the left frontal and median lobes were totally absent, but the right hemisphere normally developed. Since then many careful investigators have made further researches, and while Ferrier, Hitzig, and others endeavored to localize anatomically more and more precisely this function of the brain, Kussmaul looked at it rather from a philosophical stand-point, and tried to establish a minute subdivision and classification of all possible kinds of disturbance of speech, without, always, however, the desirable pathological proof. When studying this subject, we must not forget the difficulties which the investigator has to encounter. Experiments on animals are here necessarily out of the question; only by quasi-exclusion could they be of any assistance; and such morbid lesions in man are so rarely sufficiently circumscribed that but a very gradual advance can be possible in our knowledge of the precise seat of the memory of words. It is only by a skilful analysis of cases of which an exact history of the symptoms has been re-

corded, and of the very localized lesions of which a minute examination has been made, that we can slowly progress in this direction; and such cases are rare. These difficulties form one of the causes why aphasia has been so much the subject of philosophical theories. But, after long and patient labor, Wernicke has brought some order again into the chaos; and, while giving, in the following, mainly the result of his researches, we may say that we describe about all that at present is actually known of the seat of the speech-centre, or, in one word, of aphasia, and the truth of which has been sufficiently proven by pathological cases.

There are two centres in the brain for the function of speech, situated both, in right-handed persons, in the left hemisphere of the cerebrum. Of course we do not understand here by "speech" the articulation, the mere sound of the voice as produced by the different muscles of the larynx and buccal cavity, etc., the nervous centre for which resides in the olivary bodies of the medulla oblongata, and which, by training, may to a certain extent even be developed in animals (parrots, etc.); we mean the centre of language, the memory of words, that centre which employs the one for articulation simply as a means for executing its orders. For this speech-centre there exist, as mentioned, two centres in the brain. First, the *sensory*, situated in the first temporal convolution, the cortical end of the acoustic paths,—the depository of words, as they are communicated to us by the spoken language, by talking. Deep into the white mass connected with this gyrus the origin of fibres of the auditory nerve has been traced. From this centre an associating path, the island of Reil, leads to Broca's centre, formerly alone taken into consideration, the lower third frontal convolution, which governs in the widest sense of the word the whole *motor* part of expression by words of speech.

Based upon the foregoing, Wernicke assumes four different forms of aphasia, in one of which every possible kind of morbid disturbance of speech must find its place

*a. Motor aphasia, or Aphemia.*—Here the motor centre is diseased. While the mobility of the muscles of speech is perfectly intact,

patients are either not at all able to talk, or can only say a few syllables or words, but they understand everything spoken to them.

*b. Conduction Aphasia.*—Here the associating path is interrupted, the island of Reil diseased. The memory of words is preserved, understanding is perfect, but, while talking, wrong words are often used; certain words are mistaken for others.

*c. Sensory Aphasia—Kussmaul's Word-Deafness.*—The seat of the lesion here is the left first temporal convolution. The memory of words is intact, but words are frequently mistaken for others, and, while the faculty of hearing is perfectly preserved, the speech is not understood: i.e., while the patient is fully able to hear the slightest noise, the sound of the voice, the words spoken to him have lost their significance, for his brain cannot perceive their meaning.

*d. Total Aphasia.*—Loss of all functions, with destruction of both centres.

To one of these forms every case of aphasia will necessarily have to belong. Concerning agraphia and alexia we are forced to assume other centres in intimate connection with the two main centres named above, each perhaps forming a special part of one of the latter. In the first case (agraphia) there must exist, with full preservation of the common mobility of the right arm and hand, an affection of the motor centre for the combination of the special movements of writing, while the latter (alexia) we will have, without disturbance of common vision in disease of the sensory centre which acts as the receptacle for the image of the figures of the alphabet, etc. The latter centre will undoubtedly be found in connection with the cortical end of the optic nerve. That the main centres must also be closely connected with the centre of the tactile sense and the cortical motor centre is proved by the fact that blind persons are able to write and read, and that born deaf-mutes not only learn to read and write but even to talk without being able to hear. There are deaf-mutes who themselves prove the connection of the optical and tactile paths with the speech-centre, because there are some deaf-mutes, as in the institution in Berlin, for instance, who understand the words spoken by

simply looking at the lips of the speaker, and others who are able to do so by applying their hand either to the cheek or back of the chest of the persons talking. But as it is necessary to keep a very careful record of every symptom of such cases, and as the most minute dissections of them have to be made after death,—and how rare is it for such cases to fall into the hands of physicians who are able and have the time at their command to fulfil both conditions!—many years must elapse ere we may progress further in this direction and answer all the questions referred to.

The different forms of aphasia—the inability of the centres to perform their functions—can be brought about by all kinds of morbid processes. These affections may be only temporary in their character: in such case we will find their cause mostly in congestion; or in insufficient nutrition; or in an insufficient quantity of blood; as, for instance, in that form of aphasia which we observe in convalescents from grave diseases: here the prognosis is generally a favorable one. The same may be said of hysteria, epilepsy, and syphilis (here, however, only if the degeneration of the arteries is recognized and treated early enough) when acting as causes of aphasia. Cases due to softening of the brain or to abscess are, if not rapidly fatal, always of long duration, chronic, very little amenable to improvement, and usually connected with other symptoms on account of the further extension of the morbid process. Embolism in the branches of the left *arteria fossæ Sylvie* is a frequent cause, and in such cases aphasia and coma, without disturbance of motion, are the characteristic consequences of this disturbance of circulation. As an excellent illustration of temporary aphasia induced by passing disturbance of circulation, we will narrate the following case, which some years ago happened in the family of and was attended by the writer. A mentally very bright and physically well-developed girl, twelve years of age, with no hereditary and no constitutional taint whatever, and whose nervous system also seemed in every respect well-balanced, went, on a warm day in June, to a strawberry-festival in Fairmount Park. There, being left for a short time without supervision, she indulged

with other young girls in the dangerous play of rope jumping. Not to let her mother observe her excitement, she dipped her handkerchief into the cold water of a spring, and while heated applied it to her burning face. Shortly after she was brought in an unconscious state to her mother. While unconscious, the muscles of the right side of her face and of her right arm were in a continuous convulsive movement. Unconsciousness lasted about ten minutes; but on awakening out of the coma she presented the following remarkable symptoms. Temperature increased one degree (surface temperature of the left front part of the head not being taken); physical health seemingly otherwise not disturbed. But her face had the expression of an idiot; she evidently did not understand what was said to her, and could neither speak, read, nor write. She put her tongue out without difficulty, and there did not seem to be the slightest disturbance of motion or sensation. But she showed a ravenous appetite, and would eat raw potatoes and almost anything she could put her hands on, and show astonishment if prevented. Leeches were applied to her left temple, followed by the application of a bladder containing ice. About four hours after the attack—the face began gradually to lose its idiotic expression, and the patient evidently commenced to understand what was said to her. The following day she had so far improved that she again appeared perfectly natural in her actions, etc., but she could not talk, read, nor write. I then proposed to take a first reader and commence spelling over again. It was remarkable to observe the rapid progress she made. Suffice it to say that within five or six days she had almost perfectly relearned the use of words, and could talk, read, and write nearly as well as formerly. But it was clear that she had to learn every word again before she was able to make use of it, and, though the re-awakening of the faculty was a remarkably quick one, the fact of the memory of words having been temporarily lost was indisputable. No symptom whatever since has reminded the patient of this attack of passing congestion.

In conclusion, we may add that from the special form of an aphasia other diagnoses may be made also, as a case of Senator proves

where he was able to locate an abscess at its exact seat in the left frontal lobe from the aphasic symptoms alone. But sometimes the lesion is in the white conducting and not in the cortical gray matter. Such are the cases of which it has been reported that, notwithstanding aphasic symptoms no lesion had been found, because the convolutions alone had been examined. Considering the great difficulty of these examinations, however, such mistakes are excusable and cannot always be avoided.—*Phil. Med. Times.*

#### THE TREATMENT OF DIPHTHERIA.

BY H. CRIPPS LAWRENCE, L.R.C.P.,  
LOND., ETC.

The following combination of the glycerols of tannin and carbolic acid has proved itself, during a considerable experience of diphtheria and scarlet fever, a highly efficient application in my hands, viz: R Glycerini acidi tannici ʒvij; Glycerini acidi carbol. ʒj. Misce. In the application of glycerine as an absorbent, it is of practical importance (as pointed out some time since in the *Pharmaceutical Journal*) that a small proportion of water should be added to it. In order to secure this, a sufficiency of the glycerine should be placed in a saucer, and a throat-brush dipped in water should first be stirred into the glycerine before applying it to the tonsils and fauces.

The combination above-mentioned has been found practically the most efficient proportion for securing the necessary astringent and antiseptic results, without irritation. An application twice, or at most thrice, in the twenty-four hours secures the utmost benefit the remedy affords—a matter of importance both to the patient and practitioner, as the former is not fatigued by frequent applications, and the latter can make these personally at the usual visits.

It is seldom that any additional local remedies are required, but it is wise to precede the application of the glycerols with gargling the fauces and washing out the mouth with a solution of permanganate of potass and water, and to use the sulphurous acid spray; the double advantage which follows being, that the fauces are the better prepared to benefit from the glycerine, and that the safety of the practitioner

is increased in the event of the patient expectorating any false membrane during the act of swabbing. To further increase the safety of the medical attendant a glass screen, placed between him and the patient, will afford protection without limiting the efficiency of the procedure.—*British Medical Journal*.

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**LANGER ON THE CHEMICAL COMPOSITION OF HUMAN FAT AT DIFFERENT AGES.**—A comparison of the adipose tissue in a newly-born child and in an adult man discloses remarkable physical differences. The adipose tissue in the adult varies in colour from clear yellow to brownish, and is very soft; and, on making a section of the panniculus adiposus, little drops of oil exude. Microscopic examination shows in each fat-cell one or more clear drops of oily matter, and it is only in quite exceptional cases that acicular crystals of fat are found. On the other hand, the panniculus in the body of an infant is remarkably firmer and harder. It is greyish white in color, and readily crumbles, like wax that has been boiled in water. On microscopic examination, numerous crystals are seen in almost every cell. Dr. Langer's present researches show that the fat of the child and of the adult present essential differences in regard to the relative proportions of the chemical constituents.

According to Dr. Langer, one form of sclerema neonatorum is connected with the condition of the fat. Sclerema neonatorum is either a result of serous infiltration of the skin and subcutaneous areolar tissue, or of the solidification of the fat in the panniculus adiposus. The latter form is to be regarded as a phenomenon consecutive on various diseases, such as inflammation of the lungs, in the course of which collapse and lowering of the temperature of the body occur. As has been already said, the melting point of the infant's fat is 45° Cent. (113° Fahr.)—that is, far above the temperature of the body. "It cannot," Dr. Langer says, "be assumed that the fat has a lower melting point within the body than outside it. It hence follows that even in the living child a large portion of its fat is not fluid, but only in a sufficiently soft condition. If the temperature of the body fall, whether through collapse

or in consequence of withdrawal of heat from without, it can be readily understood that the fat in the panniculus adiposus will solidify, and a fatty sclerema will be produced. A fall of the temperature to 32° Cent. (89.6° Fahr.), sometimes lasting for days before death, is not unfrequently observed in some illnesses of newly-born children. With such a temperature, as I have convinced myself by experiment, the fat in the panniculus adiposus is quite solidified. The occurrence of fatty sclerema is not possible in the adult, because of the different condition of the fat, and because the temperature of the body can never fall so low during life as to cause solidification of the fat in the adult.

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**NITRO-GLYCERINE IN THERAPEUTICS**—Prof. Kroczynski, of Cracow, in the *Wien. Med. Woch.*, gives the following observations on nitro-glycerine.

In six persons afflicted with attacks of bronchial asthma in consequence of extensive emphysema of the lungs the nitro-glycerine controlled or lessened very materially the attacks of difficult breathing in the course of a few minutes, seldom later than a quarter of an hour, if taken at the beginning of the attack. After using the nitro-glycerine regularly for some time the attacks wholly disappeared in four out of the six.

In thirteen cases idiopathic nervous asthma the success was really little. Of the thirteen cases there was almost no improvement in seven, two of which occurred in hysterical persons, in four the benefit was doubtful; but in two, accompanied with bronchial catarrh, it was positive.

In two cases of steno-cardia caused by aortic aneurism, the remedy acted very promptly, for the attacks disappeared each time soon and fully. By a lengthy and methodical use of the drug the attacks ceased altogether in one of the cases.

In three examples of palpitation of the heart the result was extremely satisfactory. In two, which were clearly of nervous origin, the palpitation disappeared completely on the repeated exhibition of the drug; in the third case, where an insufficiency of the semi-lunar valves of the aorta existed, the attacks ceased for the time

after the occasional use of the remedy at their commencement.

In six cases of angina pectoris, the results were very doubtful in one, while in the remaining five they were excellent. A few minutes after giving the nitro-glycerine the angina fully ceased or became greatly modified. Prophylactically the remedy was of no use if there was any anatomical derangement in the heart or vessels; but if of nervous character it was of considerable value.

In a case of chorea minor, which existed for two years in a congenitally chlorotic maiden the treatment with bromide of zine and other agents was quite unsuccessful. On giving nitro-glycerine the abnormal gait became less and disappeared completely in twenty-five days. There was great increase of body weight. Against hysteria major, mercurial tremor, and diabetes mellitus, this agent appeared quite useless.

**CHLOROFORM AS AN EMETIC AND ANTHELMINTIC.**—Dr. G. W. Semple, in a paper read before the Virginia Medical Society, calls attention to a peculiar emetic action of chloroform when given in a large dose by the mouth to patients, with the stomach full of ingesta. In such cases it produces in from ten to twenty minutes easy and copious emesis, perfectly emptying the stomach, after which the emesis and nausea cease entirely. To a coloured girl, seventeen years of age, who had gorged herself with a large melon, he gave two drachms of chloroform in mucilage of quillaya. In twelve minutes she vomited, emptying the stomach. To a child two years of age, with a stomach full of damsons, a teaspoonful of chloroform was given by the mother, in a few moments the child vomited, and was greatly relieved.

He also regards chloroform as an efficient anthelmintic, using the following formula: chloroform ʒj, castor oil ʒj, croton oil gtt. j. Mix. Dose ʒss. to ʒss.—*Virginia Medical Monthly*.

From a number of careful experiments, Professor Gunning concludes that inspired air is freed from bacteria which may have been contained therein; and that the expired air does not carry bacteria along with it out of the body.

**SALICYLIC TREATMENT OF CHOREA.**—Dr. L. S. Abbott (*Boston Medical and Surgical Journal*, December 1st, 1881), relates a case of rheumatic chorea, treated successfully in fifteen days, by salicylate of soda. The patient was a housemaid, aged 25, who had been recently in the Hospital with acute rheumatism. The improvement noticed while taking the medicine disappeared during its temporary withdrawal, while rapid convalescence followed its resumption. The dose given was at first ten grains every two hours, afterwards it was given every three hours, and finally salicin in the same dose was substituted. Dr. Abbott refers to a similar case reported by B. F. Gary, of South Carolina, and quoted in the *New York Medical Record*, October 8th, 1881.—*Birmingham Medical Review*.

**PITRES ON THE LOSS OF THE NAILS IN ATAXY.**—M. Pitres (*Le Prog. Med.*, 1882, No. 8) refers to the notice in M. Arloing's recent thesis that M. Joffroy had observed the spontaneous loss, without traumatic cause, of the nails of the great toes in an ataxic patient, and adds to this two similar observations from his own practice. The nails were lost and grew again in each case several times. The occurrence was preceded for some weeks by a dull pain and a sensation of throbbing in the great toe. There was no suppuration or apparent ulceration of the matrix, and the nails were rapidly replaced by new ones of normal conformation.

**CHRONIC RHEUMATIC ARTHRITIS IN A DOG.**—At the Pathological Society of London recently, Dr. Norman Moore exhibited a specimen showing bony outgrowths on the carpal and metacarpal bones with ankylosis. The disease was of long duration. The disease probably caused great pain, and was, he believed, one of the commonest causes of the howling of dogs at night. The President (Dr. Wilks) said that the dogs of the Hospice of St. Bernard, were very subject to chronic rheumatism, on account, the monks believed, of their exposure to cold.

**ARTIFICIAL CURARE.**—At the Société de Biologie, M. Raburteau presented a new compound, a white salt of bitter taste, soluble in water and alcohol, whose physical, chemical and physiological properties are absolutely similar to those of curare. Its chemical name is methyl-triethyl-stibium iodide, whose formula is calculated on that of ammonium iodide. The two formulæ in fact correspond. Chemically it behaves like potassium iodide, turns starch blue, and furnishes an oxide.—*Le Progrès Médical*.

**TO HASTEN THE ACTION OF QUININE.**—Dr. Starke (*Berliner Klin Wochenschrift*) advises that before swallowing powder or pills of quinine, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinine, rendering its physiological action much more prompt, but also obviates that unpleasant gastric irritability so common after the administration of large doses of this drug.—*Maryland Medical Journal*.

**PERRIN ON RHEUMATIC PURULENT CONJUNCTIVITIS.**—M. Maurice Perrin, in a paper read at the Académie de Médecine (*Le Journal de Médecine*, 1882, No. 3), has drawn attention to purulent conjunctivitis occurring in connection with acute articular rheumatism, and independent of gonorrhœa. In two of the cases acute rheumatism occurred during the attack of conjunctivitis.—*Birmingham Medical Review*.

The German Mixture Oleoze, so great a favourite in disguising unpleasant remedies and making most compounds pleasant to smell and taste is as follows: one part each of the oils of lavender, cloves, cinnamon, of thyme, citron, mace, and orange flowers, three parts balsam of Peru and 240 parts of spirits. It is not found in any English, French, or American work.—*Am. Med. Weekly*.

**THE TREATMENT OF DIPHTHERIA BY PAPAYA.**—M. Bouchut (*Le Progrès Médical*, 1882, No. 3) has found by experiment that the false membranes of croup dissolve in a few minutes in papaya juice. He has used it with success to remove the false membranes from the throat.—*Birmingham Medical Review*.

## Surgery.

### FRACTURE OF THE PATELLA—THE CAUSE OF DISPLACEMENT, AND THE MEANS OF REMEDYING IT.

In a recent clinical lecture at the London Hospital (*British Medical Journal*) Mr. Jonathan Hutchinson says: "Repeated observations have convinced me that displacement is always caused by, and in proportion with, the effusion into the joint. If there be no effusion, there is no separation. The muscle is not a piece of India rubber to contract, and remain contracted as soon as one end is loosened. It is as easily capable of relaxation as it is of contraction, and, when the limb is at rest, it is always relaxed. When relaxed there is no reason why the upper fragment of the bone should not come easily down to the other; and, in point of fact, in cases where there is no effusion it does do so. I have demonstrated this repeatedly." \* \* \* "The effusion may be of blood, or it may be of synovia, or, perhaps, most commonly, of a mixture of the two. If it occur immediately after the injury, then it is probably blood; and these cases are the most difficult to treat, for blood is more slow of absorption than synovia. The treatment is, however, the same for both, and consists in the vigorous use of cold. The ice-bag sedulously applied, or a spirit lotion so freely used that evaporation is constantly going on, are the best measures. You must not be content unless the skin over the whole part of the knee be kept quite cold. It is of great importance that absorption should be rapid and complete. If you can get rid of the swelling in eight or ten days you will have a good chance of bony union. I believe we get bony union in nearly half our cases. Our measures are, then, ice for a week or ten days; then oblique strips of plaster which fix the fragments and catch in notches in the splint." \* \* \* "The limb is, of course, always extended on a long and broad back splint, with a thick cushion and side notches." \* \* \* "When, at the end of ten days, you have brought the fragments together, cover the whole joint with bandages, and never touch the bone again until six weeks are

accomplished." \* \* \* "At the end of six weeks or two months we usually allow the patient to get up, but he is always provided with a patellar apparatus before so doing, to prevent flexion of the knee." \* \* \* "If an apparatus be not at hand a gum and chalk, or plaster of Paris case will serve the purpose quite as well. I usually advise our patients to wear the apparatus for six months; and then, if the knee feel strong, to throw it aside." Mr. Hutchinson is not an enthusiast as to the advantages of bony union, and says that those who have fibrous, and even ligamentous union, often walk better. He also points out that decided atrophy, and sometimes contraction, of the quadriceps follows not infrequently. Apropos of this Mr. Christopher Heath, of University College, says: "Agreeing fully with Mr. Hutchinson in his view, I have carried the treatment of these cases further than he seems to have done, and do not hesitate to aspirate the knee-joint in cases both of fractured patella and injury of the joint." \* \* \* "If the knee-joint be aspirated within a few hours of the accident, the blood is still fluid, and can be readily withdrawn." \* \* \* "Having emptied the joint, or, still better, having the patient in charge before effusion has taken place, I do not hesitate to apply at once plaster of Paris over an envelope of cotton wadding, and to make the patient get about as soon as the plaster is dry." He says in this way the muscles retain their tone and atrophy does not ensue. He suggests that the reason why ligamentous union is often more satisfactory than a close or bony union, is the probability that the patella contracts adhesions to the external condyle, thus limiting the motions of the joint.

**OAKLEY ON COMPLETE POSTERIOR DISLOCATION OF THE KNEE-JOINT, WITH LIFE-LONG USE.**—Mr. J. Bagnall Oakley reports and figures a case of the above injury in the *Lancet*, Jan., 1882, p. 53. The patient, aged 70, when seen, stated that, when nine months old he, fell and damaged his knee-joint, causing complete posterior dislocation. He has worked at brick-making all his life, and has never been laid up on account of his knee.—*London Medical Record*.

# CASE OF EXCISION OF A STRICTURE OF THE DESCENDING COLON THROUGH AN INCISION MADE FOR A LEFT LUMBAR COLOTOMY: WITH REMARKS.

BY THOMAS BRYANT, F.R.C.S.

Mr. Bryant read the record of a case of stricture of the descending colon, in which he excised the diseased segment of bowel through the wound made for a left lumbar colotomy, the patient recovering. The operation was performed on a lady aged 50, who had suffered from complete obstruction for eight weeks, and was very feeble. The stricture could not be felt from below. The bowel was removed through the oblique incision made for left lumbar colotomy, by simply pulling the segment strictured through the wound, and stitching each portion of the bowel, with its two orifices as divided, to the lips of the wound. The stricture was of the annular kind, and involved about one inch of the bowel; it was so narrow as scarcely to admit the passage of a No. 8 catheter. The preparation was exhibited with microscopical appearances of the growth in section, as made by Dr. Goodhart. Mr. Bryant said he believed the operation he had performed was a new one, and that it was applicable to not a few of the cases of stricture of the descending colon. It had suggested itself to his mind from seeing cases of localised or annular stricture of the bowel which were free and movable, both in operations of colotomy as well as in the *post-mortem* room; but the case read was the first in which he had put the suggestion into practice. He pointed out how these annular strictures were generally local diseases, and consequently how desirable it was that they should be removed where possible. He suggested that the question of excision of the diseased growth should be entertained as soon as the diagnosis of the case was made, and that, in every case of colotomy for chronic obstruction of the descending colon, the possibility of being able to remove the diseased bowel by operation should be considered before the bowel was opened for a colotomy operation. He then showed how desirable it was that the question of excision or of colotomy should not

be postponed till the patient's powers were too feeble to bear either, as was too often the case. He stated that he did not regard the operation he had performed in a more serious light than he did a colotomy in which the peritoneum was wounded.—Mr. G. D. Pollock thought the operation creditable to Mr Bryant; he was not aware of a similar case in British surgery. The history of some cases of colotomy for stricture was in favour of Mr. Bryant's proposal. He hoped that the case recorded would encourage other surgeons in dealing with similar cases, and in operating early.—Mr. Harrison Cripps referred to the pathology of stricture of the large intestine, and recommended that, instead of lumbar colotomy, which afforded insufficient room, an incision should be made in the front of the abdomen, along the outer side of the rectus muscle. Mr. Howard Marsh agreed with Mr. Cripps in recommending the anterior incision, and said that cases in which Mr. Bryant's operation would be admissible were very rare. He agreed with Mr. Pollock that the operation ought to be performed early.—Mr. Henry Morris said in such cases as that of Mr. Bryant the lumbar incision was preferable; one incision into the peritoneum was better than two. *British Medical Journal*.

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 HOWE ON A LINGUAL TOURINQUET.—This instrument is described by Dr. Howe in the *Annals of Anatomy and Surgery*, Dec. 1881. It is of the shape of an ordinary safety-pin, having attached to the inside of the external bar a second movable bar,  $1\frac{1}{2}$  inches long, worked by a screw on the external surface. To use the same, the steel pin is inserted into the floor of the mouth opposite the second molar tooth, directed, at first, towards the median raphe of the tongue, then backwards towards the foramen cæcum, and is finally brought out in front of the anterior pillar of the fauces. The pin is then closed, and, by using the screw, the movable bar is made to press firmly on the trunk of the lingual artery, and will control all hæmorrhage, and permit the artery to be readily ligatured when divided in removal of the tongue.

## TREATMENT OF ABSCESS OF THE LIVER.

Dr. Randolph Winslow: in *Annals of Anatomy and Surgery*, contributes an excellent article on this subject, and closes his paper with the following conclusions:

The following summary represents the results of my investigations in regard to the surgical treatment of abscess of the liver;

1. The liver should always be aspirated in a case of suspected abscess, in order to verify the diagnosis.

2. Many small, and a few large abscesses, have been cured by one or more aspirations; hence this method should always be employed at the first exploration, and we should then wait until it refills. If the pus collects slowly and in small amounts, it may be again aspirated; if quickly, and in large quantities, aspiration is not to be relied upon.

3. Incisions should be made into the abscess cavity at the most prominent portion of the tumor, whether in an intercostal space or not; and irrespective of the presence or absence of adhesions.

4. Rigid antiseptic precautions add much to the safety and certainty of a successful result.

5. When Listerism is impracticable, good results will be generally obtained by simple incision, or puncture by a trocar and canula, followed by the introduction of a drainage tube, and the daily use of carbolyzed injections.

6. Any of these methods are preferable to leaving the case to nature.—*American Medical Weekly*.

## THE EARLY TREATMENT OF PROSTATIC OBSTRUCTION.

Mr. Reginald Harrison, of Liverpool, strongly advocates (*British Medical Journal*) the early treatment of symptoms of prostatic obstruction. He says about one-third of all men over 55 years of age, sooner or later, have enlargement of the prostate, and one-half of these suffer therefrom. There are two conditions of enlarged prostate not giving rise to much obstruction: first, where the hypertrophy is towards the rectum and the relations of the prostatic urethra are not altered; and,



second, where the hypertrophied gland is lobulated and channels are left between the masses, along which urine flows without interruption. He proposes to bring this condition about artificially early in cases presenting signs of commencing obstruction. With this view he has "adopted a mode of treatment with specially adapted bougies. The instruments are gum-elastic, two to four inches longer in the stem than usual, with an expanded portion an inch from the tip, which is made to enter the bladder. In this way the prostatic urethra is subjected to pressure on the insertion and withdrawal of the instrument. As a rule, if dilatation be not too rapidly proceeded with, no irritation is aroused. On the contrary greater toleration of urine follows, owing to the ease and completeness with which the bladder is then emptied."

#### ANTI-CANCEROUS DIET.

Professor Beneke of Marburg, setting out with the notion that a well nourished organism, rich in quaternary principles and phosphates, constitutes a favourable soil for the growth of cancer, suggests the following diet for cancerous patients, or those who inherit a hereditary predisposition thereto:—

*Breakfast*: Black tea, with cream and sugar; a little bread, plenty of butter; baked potatoes with butter (cocoa may be substituted for the tea); fruit, fresh or cooked; biscuits.

*Dinner*: Soup of fruit, wine, tapioca or peas, or potatoes; not more than two ounces of meat (weighed before cooking), potatoes, vegetable roots, cooked fruits; apples and prunes with rice, rice with rum, salads, fruit ices; Moselle, Rhine wine, Champagne; very little beer (because it contains much alkaline phosphates).

*Tea*: Black tea, with sugar and cream, a little bread and butter, or fresh fruit and biscuits.

*Supper*: Soup as at dinner, rice and fruit, baked potatoes and butter, potato salad, sardines, anchovies, herrings; corn flour gruel with wine and sugar; light wine.—*Birmingham Medical Review.*

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The first German Medical Congress was held at Wiesbaden, April 20th to 22nd.

#### Midwifery.

##### TREATMENT OF THE IRRITABLE BLADDER IN WOMEN.

BY J. H. ETHERIDGE, M.D.

The *cause* of irritable bladder determines its treatment. When it is unknown, treatment becomes guesswork. Consequently the physician's first problem of treatment is the determining of the *cause* in each individual case of vesical hyperæsthesia.

Causes of irritable bladder may be divided into *intrinsic* and *extrinsic* causes.

The *intrinsic* causes include abnormalities of the urine, consisting of, first, too *limpid urine*. Second, too *concentrated urine*. Third, an excess of *uric acid*, as shown by gravel, calculi, and amorphous urates. Fourth, *triple* and *amorphous phosphates*, shown in decomposition of the urine. Fifth, *ozaluria*, and sixth, *sugar* and *albumen*.

Among intrinsic causes may be included abnormal substances not of urinary origin, which may be enumerated as follows:

Seventh, *pus* and *blood* from renal or cystic diseases. Eighth, *seculent matter*, gall stones, joints of tape-worms and round-worms. Ninth, *hair*, *fat*, *teeth*, and *bones* from a fistulous communication with a dermoid cyst.

Other intrinsic causes include—

Tenth, *cystitis*, *acute* or *chronic*. Eleventh, *malignant disease* of the bladder, primary or secondary. Twelfth, *polypi*. Thirteenth, *cysts* and *tubercles*. Fourteenth, *hypertrophy*, *centric* or *eccentric*.

Intrinsic causes may include disorders of the urethra as well as of the bladder, and are thus indicated:

Fifteenth, *urethritis*, *acute* and *chronic*. Sixteenth, *neoplasm*. Seventeenth, *dilatation of the urethra*, including that of the upper third and of the whole canal. Eighteenth, *dislocation of the urethra*. Nineteenth, *prolapse of the urethral mucous membrane*. Twentieth, *stricture*; and, twenty-first, *incomplete fistula*.

The extrinsic causes of irritable bladder are numerous, often difficult to define, and are much more common than intrinsic causes. Fully two-thirds of the cases of this disorder arise

from extrinsic causes. Presenting uniformly but the one symptom of frequent urination, these causes are infinitely less correctly differentiated by physicians, and consequently are worthy of the closest scrutiny and most careful management, therapeutically and otherwise. Every experienced gynecologist can recall only too many defeats in the treatment of irritable bladder from extrinsic causes because of not accurately ascertaining the causes in each case. The causes include:—

a. *Oöphoria*, or ovarian, vascular excitement. b. *Pressure on the bladder or urethra* from the uterus, or from rectal abnormalities, or from intra-pelvic tumours. c. *Sympathetic irritation* from uterine inflammation. d. *Malignant disease of the cervix uteri*. e. *Pregnancy*. f. *Vaginismus*. g. *Acute pelvic peritonitis and cellulitis*. h. *Ascarides*. i. *Hysteria*. k. *Mental trouble, fright*. l. *Exposure during menstruation*. m. *Falls and blows over the bladder*. n. *Masturbation and copulation*; and o. *Malaria*.

The causes herein mentioned are enumerated *in extenso*, for the purpose of showing that the treatment cannot be the same in all cases of irritable bladder.

The management of cases produced by causes, usually involve remedies addressed to nutrition. *Too limpid urine* suggests hysteria, anemia, exposure to cold, mental emotion, in short, diuresis from any cause. Treatment of these conditions involves remedies addressed to the cause whatever it may be.

*Too concentrated urine*, shown by the small amount voided and by high specific gravity, calls for water simply. Ordinary drinking water, Poland water, Apollinaris water, or any of the simple mineral waters, capable of increasing the amount of water excreted by the kidneys will answer.

An excess of uric acid is one of the most common of all of the many causes of irritable bladder. Neglected, it speedily causes a congestion of the mucous membrane of the bladder, and this, in turn, propagates the polyuria and dysuria. The organic changes arising from this congestion are of a sufficiently progressive character to afford a constantly acting cause of irritable bladder. In this way, a bladder thus afflicted,

at first, say, three months ago, presents *to-day* an irritable condition arising from the products of chronic congestion, whereas the excess of uric acid starting in motion this pathological train of symptoms ninety days ago, now occupies a very inferior position in the cause to-day. Consequently the majority of cases treated by physicians present not only an excess of uric acid, but they present also a vesical mucous membrane congestion. To treat this condition requires skill and patience. An excess of uric acid indicates a systemic, and, especially, an alimentary defect. This excretion, possessed of another particle of oxygen, becomes urea and ceases to be a pathological product. To supply that oxygen is no easy matter. If the blood be made to carry more oxygen and thus supply the deficiency, we must give remedies to improve the oxygenating power of the blood. For this purpose one quarter to one grain doses of permanganate of potash, thrice daily, will be found useful. This powerful oxydizing agent yields up its oxygen in the form of ozone and converts uric acid into urea. Irritable bladder relieved by the permanganate is *relieved* simply, *not cured*. The alkaline carbonates neutralize uric acid excess directly, and indirectly diminish it by their action on the liver. The citrate or carbonate of lithium dissolves uric acid, and is a remedy of undoubted efficacy. Colchicum, in small doses improves the character of the digestive ferments and promotes more perfect digestion, and in this way supplies the liver with better pabulum, thus causing a lessening of the amount of uric acid. Its action is surprisingly happy in very many cases; but in many other cases it seems to extend the point of tolerance, causing unexpectedly, a vomiting and violent purging, an effect greatly to be deprecated. Fruit acids are converted into the alkaline carbonates in the blood and become dissolvers of uric acid or diuretics, and in this way are efficient aids in treating the uric acid excess. Many patients will be benefitted by a hot lemonade at bedtime, or by eating a lemon before breakfast daily, or by partaking liberally of acid fruit at breakfast and lunch times. The uric acid excess thus relieved can be said to be relieved only, not cured. It is well to use them, because

they act quickly and satisfactorily. Thus relieved temporarily, the physician can take the necessary time to determine where the ultimate cause of uric acid excess lies, and select remedies to cure it. The systemic defect is usually the ultimate cause and will be found in the primary or secondary assimilation. Constipation is almost always a conspicuous symptom in these cases. Its resultant evils include stomachic and intestinal indigestion. From it results a condition of blood poisoned with excretory material, which causes all functions of the abdominal organs to be imperfectly performed. The secreting cells of the liver fail to elaborate their products perfectly, and from this failure arises the uric acid excess. A thorough catharsis temporarily relieves all these symptoms, and it is an exceedingly unwise thing to do to use powerful purges, because they are of only temporary benefit. The course to pursue is to give a daily laxative, and thus by degrees purify the blood and secure a sustained functional improvement in the organs of primary assimilation. To this end the daily use of Rakoczy, Hunyadi Janos, Friedrich shall, or Victoria mineral water in warm weather; or of aloes, podophyllin, cascara sagrada, compound extract of colocynth, compound liquorice powder, or euonymus, in cold weather, will be useful. To improve the secondary assimilation we can resort to the use of bark and iron, arsenic, strychnia, minute doses of mercury, when not contra-indicated, and cocoa.

Of prime importance in these cases is the management of the diet. Farinaceous articles and acid fruits should be largely used, and only as much of the albuminous articles used as can be thoroughly digested.

Irritable bladder arising from *triple and amorphous phosphates* should be treated by treating the systemic condition producing them. They are usually found in diseases of the nerve centres and after great mental application. They generally suggest the use of rest, ergot, galvanism, massage, tonics, and improvement of alimentation.

*Oxaluria* should be treated by paying especial attention to the "moral, mental, and physical condition, and time must not be wasted in

treating a mere symptom." Strychnia and the mineral acids will yield the best results.

Cases involving *diabetes* or *albuminuria* call for treatment addressed exclusively to these conditions.

Irritable bladder arising from causes enumerated, seventh to ninth, inclusive, must be treated according to indication wholly, which consists in the removal from this viscus of these foreign substances.

Cases involving *cystitis, acute or chronic*, the tenth cause enumerated, are troublesome enough. Some patients will make rapid recoveries. But by far the largest majority of them will prove rebellious. The urine in these cases must be rendered alkaline as speedily as possible. Citrate of potassium, in as large doses as can be borne without causing stomachic distress, is an excellent remedy. The removal of existing constipation by daily laxative doses of mineral water upon arising in the morning, is of importance, as it secures a systemic condition favourable to producing urine of minimum acidity, after which smaller doses of the citrate of potassium will suffice to produce alkalinity of the urine. At the same time, restricting the diet to articles calculated to aid in avoiding acid excess in this excretion, should be prescribed. An exclusive milk diet has cured cases of long standing and of great severity. Alkalies, minimum doses of tr. cantharidis, hourly, twenty grain doses of bromide of ammonium, the solution of bromohydric acid, benzoate of ammonia in buchu, laxatives, proper diet, quietude, will relieve most cases of irritable bladder from *acute cystitis*.

The irritable condition arising from *chronic cystitis*, requires a wider range of remedial measures to meet all cases. Many women, however, are never cured, failure arising from many causes, as lack of pertinacity on the patient's part in submitting to treatment, dyscrasia, failure to apprehend and to remove coexisting disorders which sympathetically propagate the cystitis, etc., etc. Frequent urinalyses are necessary to guide us in the administration of medicines, internally. Acidity is to be modified or abolished by alkalies. Urinary decomposition calls for the sulpho-carbulates, for eucalyptus globulus or for salicylate

of sodium. Medicated injections into the bladder are all important in chronic cystitis. A long range of remedies is before us to select from. Antiseptic injections include solutions of common salt, potassium chlorate, carbolic acid, salicylic acid, eucalyptol, and the sulphocarbolates. Astringent and alterative injections embrace silver nitrate, hydrastis canadensis, tannic acid, plumbic acetate, iodoform, sulphate of zinc, and potassic iodide. Forcible dilatation of the urethra, self-retaining catheter, and cystotomy are resorted to only after other means have failed.

Cases involving cause enumerated eleven, will never be relieved permanently. Opiates or chloral may be used.

Polypi must be removed. No remedies can be resorted to in cases of too frequent urinations caused by polypi.

Cysts and tubercles are rare vesical troubles and usually cause irritable bladder. General tonics to abrogate the systemic condition producing them, and opiates to alleviate the irritable condition seem to be the remedies demanded.

Hypertrophy of the bladder, a not uncommon cause of dysuria and polyuria, must have its cause removed. Tumours and cystocoele must be treated *secundum artem*; neuralgia or any functional disorder operating to cause this condition, must be considered and treated before the irritable condition can be removed.

Urethritis, acute or chronic, is a most troublesome condition to remove. The acute form generally calls for the same sort of management accorded to gonorrhoea in the male. The subacute or chronic form calls for injections, alterative and astringent. The utmost patience is necessary to cure cases of chronic urethritis.

Neoplasms demand surgical treatment. The general condition of the patient's health can be greatly improved by medication. Tumours or pressure in any way retarding venous circulation from the pelvis demands attention and removal if possible. Removal of the neoplasm will relieve the patient of the irritable bladder.

Cases involving causes numbering from seventeen to twenty-one inclusive, suggest their remedies, which are surgical or mechanical.

The treatment of cases of irritable bladder produced by extrinsic causes is included in the management of those causes. The fact cannot be emphasized too much, and the most troublesome aspect of the treatment of irritable bladder in women is the ascertaining of the cause. The cause being determined, the principles of treatment are usually very simple.—*Walsh's Retrospect*.

## PRACTICAL OBSERVATIONS ON OVARIOTOMY.

BY DONALD M'LEAN, M.D.,

Professor of Surgery and Clinical Surgery in the University of Michigan.

In this paper it is my intention to consider briefly certain practical matters in relation to the operation of ovariectomy.

First of all I desire to say that in my opinion the operation in question requires for its successful performance so much surgical experience and dexterity, such carefully-arranged surroundings, so many appliances, and such perfect preparations in all respects that its practice should be confined to a comparatively limited number of surgeons who should be, in the truest and best sense of the term, *specialists*.

The remarkable success of certain celebrated ovariectomists, has been attributed to the cautious manner in which they have selected their cases, declining to operate whenever the difficulties and complications of the case have seemed to endanger the chances of success.

My own conviction is, that the care and thoroughness with which they prepare themselves and their patients, in each and every instance, furnishes the true explanation of their success, and I am sure that their example has not been followed as universally as it ought to have been.

The practical points which I wish to refer to more particularly at present are the following:

- (1) The anæsthetic and its mode of administration.
- (2) Antiseptics.
- (3) Treatment of the pedicle.
- (4) Management of adhesions.
- (5) Drainage of the peritoneal cavity.
- (1) *The Anæsthetic*.—In common with Dr.

Keith and others I have generally used ether in this operation, but in my later cases, chloroform. By the use of a very simple apparatus, I believe that chloroform may be used in ovariectomy, and in all other operations, with as much safety and satisfaction as any other anæsthetic.

This apparatus consists of two parts; (1) an inhaler made by stitching a piece of canton flannel over a wire frame which fits like a small tent over the patient's nose and mouth; (2) a dropper which consists of a two-ounce bottle with a perforated cork and two metal tubes, one of which merely admits air to the bottle, while the other permits the chloroform to escape drop by drop. By this means I believe that the greatest degree of safety is secured as well as the utmost economy of chloroform.

(2) *Antiseptics*.—In the cases of ovariectomy which I saw Dr. Keith perform he used all the Listerian antiseptic appliances. I could see, however, that he was beginning to doubt as to its expediency. He assured me that he had seen patients die with "brutal haste" from carbolic acid poisoning, and I believe that I can say the same myself. Since then (as is now well known), he has laid carbolic acid aside to a great extent, if not entirely, and prefers to trust to the careful arrest of hæmorrhage and the thorough drainage of the peritoneal cavity.

My own limited experience hardly justifies me in expressing a decided opinion on this important point, but unless there are special reasons for doing so, I shall not hereafter resort to the use of carbolic acid spray, against which several serious objections have been justly urged. My belief is that by exercising due care in arresting hæmorrhage, sponging out the peritoneal cavity till it is absolutely dry, and in making provision for the escape of effused fluids, the danger of septicæmia is sufficiently provided against.

Blood poisoning has occurred in spite of all antiseptic precautions, and it has been escaped in cases not treated antiseptically and in which the circumstances seemed highly favorable to its development.

(3) *Management of Pedicle*.—In my sixteen cases I have transfixed the pedicle with a double ligature and tied it in two halves,

cutting the ligature off short and dropping the pedicle into the pelvis.

So far as I know, this method of treating the pedicle proved satisfactory. I have never seen any bad results from this source. Nevertheless, Dr. Keith's method has seemed to me to be, although somewhat slower, still, on the whole, much more safe and satisfactory.

He first of all seizes the pedicle in one or two pairs of strong forceps with a catch in the handle. If the pedicle is narrow, one pair; if broad, two, so that the vessels are safely controlled for the time. He then cuts away the tumor, and then he applies his clamp to the pedicle on the cardiac side of the forceps, which latter he then removes, leaving at least one and a half inches of the pedicle projecting beyond the clamp. To this projecting part of the pedicle the actual cautery is applied in the form of a solid mass of iron at a black heat, which slowly sears and shrivels up the tissues of the pedicle.

This part of the procedure is conducted with the utmost care and deliberation, and is sometimes the longest part of the whole operation.

The clamp is formed of two solid metallic bars, furnished with a screw, by which they are made to compress the pedicle with great tightness. There are also two wooden handles to the clamp, by which the surgeon holds it in his left hand while he applies the cautery with his right.

During this part of the operation the peritoneal cavity is filled with soft sponges, and the edges of the wound are held in apposition by the hands of an assistant. Between the abdominal wall and the lower surface of the clamp, a pad of wet cloth is placed to ensure its thorough protection from the action of the cautery. The pedicle is gradually shrivelled up and the debris wiped away until all the pedicle external to the clamp is disposed of. The latter is then unscrewed and removed while the surgeon takes care to retain control of the remainder of the pedicle until he has carefully examined it and satisfied himself that there is no tendency to bleeding. If there is any doubt on this point the pedicle should be transfixed and securely tied, either with strong

catgut, or a silk ligature. All danger of hæmorrhage being in one way or the other guarded against, the pedicle is permitted to subside into the pelvic cavity.

(4) *Treatment of Adhesions.*—The only point I wish to note on this part of the subject is the vital importance of securing every point that shows the slightest inclination to bleed. Much patience and perseverance are sometimes required for this part of the operation, but it is impossible to over-estimate its urgent necessity. The best ligatures to use in this situation are those made of carbolized catgut. They are, of course, cut off close to the knot.

(5) *Drainage of the Peritoneal Cavity.*—The only method of drainage now resorted to is that by means of a glass tube, the lower end of which rests in Douglas's cul de sac, while the other projects through the lower end of the wound in the abdominal wall.

The drainage tube may often be dispensed with, and the operator will always be glad to omit its use when he feels that he can do so with safety. In cases where there is any prospect of extensive effusion, especially if there is reason to fear oozing of blood, the drainage tube is *indispensable*. It was first used by the late Professor Peaslee, but at least one fundamental alteration has recently been made in his method of using it. Peaslee kept a plug of carbolized cotton in the mouth of the tube, and he removed this from time to time and allowed the accumulated effusions to escape. Now the effusions are not permitted to accumulate, the mouth of the tube is always kept free, and the effusions are provided for by the application of a large soft carbolized sponge over the end of the tube. The sponge is enveloped in a sheet of rubber cloth which has a hole in its centre through which the end of the drainage tube projects. The fluids are thus caught in the sponge, and at stated intervals the nurse unfolds the rubber sheeting and replaces the saturated sponge with a clean one. In this way the fluids are got rid of as soon as secreted, and at the same time their quality and constitution afford valuable information to the surgeon. Just as soon as all appearance of effusion has ceased the tube may be removed

and the opening closed with a hare-lip suture. This will sometimes occur as early as the fourth or fifth day.

If the discharge from the tube presents any signs of becoming purulent the peritoneal cavity may be washed out with a weak solution of carbolic acid and common salt, a drop or two of the former and five grains of the latter to a pint of water at a temperature of 100° Fahrenheit. This is an expedient which, in my experience, never fails to afford material relief and comfort to the patient.—*Walsh's Retrospect.*

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#### EMMETT'S OPERATION FOR LACERATION OF THE CERVIX.

At a meeting of the Obstetrical Society, of London, March 1st, the President, J. Matthews Duncan, in the chair, Dr. W. S. Playfair read a paper on the above subject, in which he spoke very favourably of the operation, and paid a high tribute to Dr. Emmet for introducing such a great improvement in gynecology. In a somewhat lengthy discussion which followed, some spoke rather disparagingly about the so-called improvement, others gave it *faint* praise, and a few (notably the President and Dr. Sharp) exhibited a lamentable and inexcusable ignorance of the subject which appears very remarkable to us on this Continent. We have a right to expect that men so distinguished, and holding such high positions in the medical world, as the gynecologists referred to, should, before discussing an operation of such importance, attain an exact knowledge of what they are talking about.

Dr. Savage (*British Medical Journal*), said Dr. Playfair proceeded on principles directly opposed to those of Dr. Emmet, who insisted that the operation should not be performed when there was any sign of disease in the cervix. The American School professed to believe that every disease (none excluded) incidental to the uterus might be, and generally was, the direct consequence of a cervical laceration. The English School disbelieved this on good grounds. The diseases alluded to in Dr. Playfair's paper could be seen in their entirety through an ordinary Ferguson's speculum. To

apply to them Emmet's operation, which was admittedly not seldom followed by pelvic mischief, would be an act of extreme folly. Entropion, not ectropion, according to Emmet, was the common result of the lacerations.

After several members had expressed their opinions on the subject, the President said he could not concur in thinking tracheloraphy one of the greatest advances in modern gynaecology. It might be an advance, but, admitting all that was said about it, it was a very small affair, compared with the triumphs of laparotomy, shown by Dr. Bantock, and Mr. Thornton. A split condition of the cervix was said to be attended with Protean symptoms and disorders. Not long ago, ulcerations, and then displacements, held the same position. He regarded all three as minor disorders, whose attempted cure was often the worst part of them. The Protean disorders were accompaniments, not consequences. Nevertheless, the cure of such lesions might be a valuable service to the patient. An ectropion which could only be shown by a special speculum, and special manipulations was an artificial ectropion. He did not regard the profession as having hitherto mistaken ectropion for so-called ulceration. Such cases, with, or without ectropion, were generally easily cured. In cases with hypertrophy a good old plan was the caustic potass. He believed that, if a new laceration were made by cutting out a bit of the cervix, cure would follow just as well as after tracheloraphy. The reference to the frequency with which the cervix was formerly divided as a means of cure was not a *jeu d'esprit*, but a weighty argument. He regarded tracheloraphy as at present *sub judice*, but was not impressed in its favour. He had not done it, but had seen the most exaggerated lacerations of the cervix interfere in no degree with health, comfort, or fertility.

Dr. Playfair, in closing the discussion, said he had carefully studied the writings of Thomas and Emmet, and thought that Dr. Sharp must have misunderstood their meaning. It was impossible not to see that Dr. Matthews Duncan was prejudiced against the operation; his remarks showed that he was not familiar with the use of the duck-bill speculum and tenaculum in these cases. The tenaculum was not used to pro-

duce ectropion, but to draw the lips together. He thought that when Dr. Duncan had fairly and impartially studied the subject, he would alter his opinion. This operation was, of course, not to be compared with those to which Dr. Duncan had referred; but, if it were the fact that there were hundreds of women leading lives of constant suffering, who might be cured by this operation, then it deserved to be called a great improvement in gynaecology.

BARNES ON ANTISEPTIC MIDWIFERY.—Dr. Barnes states that antiseptic treatment should be begun early. Indeed, with the conclusion of labour, the first great point is to secure firm contraction of the uterus. The pad and binder are useful. The compression exerted upon the abdomen and pelvis not only tends to promote uterine contraction, but it counteracts the aspiration or suction-force which tends to draw air, one of the factors of decomposition into the uterus. It opposes centripetal osmosis. The day after labour, it is useful to give an aperient. It commonly happens that in the effort of defecation, the uterus, compressed and sharing in the diastaltic action, expels a clot. It then contracts more effectually. The maintenance of contraction is efficiently aided by the action of oxytocics. Dr. Barnes always gives after every labour a mixture of quinine, ergot, and digitalis, three times daily, continued for two or three weeks. The effect in contracting the uterus is remarkable. It is shutting the gate in the face of the enemy. The next thing is to wash out the uterus. Plain tepid water may serve the purpose, but a solution of carbolic acid, 1 in 50, is better. This should be done once or twice a day from the second day. On the first day, there is little risk of absorption. Should there be the slightest rise of temperature and pulse, this intra-uterine injection is imperative. We ought not to refer to intra-uterine injections without reference to Harvey the Immortal, who thus cured a lady in imminent danger of septicæmia. Carbolic solution should be kept in the room. The catheter should be kept in it. If sponges are used they should be kept in the solution. It is probable that sulphurous acid may be found even better than carbolic acid as an antiseptic. Durochet,

in his investigations on osmosis, found that the slightest trace of sulphurous acid stopped osmosis. It may be used in the proportion of 1 in 40. Whilst taking care to exclude foul stuff from the genital canal, we must be careful to exclude foul air from the lungs and skin. When the sun shines, open the windows. At night, especially, a fire is often the condition of good ventilation. It is of the utmost importance to guard against chill or any check upon the due action of the skin, lungs, kidneys, and intestinal canal; that is, maintain in due working order the excretory organs. Dr. Goodell has insisted upon the draining of the uterus as a means of getting rid of noxious stuff. The principle is admirable. There is no doubt that, in the ordinary recumbent posture, blood and discharges are apt to collect in the lax uterus and vagina. Dr. Goodell recommends that the patient should at times be raised into the sitting posture to allow the fluid to drain off. Where a woman is strong, and after a few days, this plan may, perhaps, be adopted without disadvantage; but in the weakly subjects most prone to septicæmia, especially after hæmorrhage, sitting up has been followed by syncope and sudden death. If firm pressure be maintained upon the hypogastrium, and antiseptic irrigations be duly observed, drainage is secured. At the same time if the bed be properly made, so that the head and shoulders are kept at a slightly higher level than the pelvis, drainage will be fairly accomplished. The dorsal decubitus is more favourable to drainage than the lateral. An effective barrier against the ingestion of noxious stuff from the parturient canal, is to supply the system with healthy nutriment by the stomach. The more the system is supplied in this way, the less will it absorb from vicious sources. Dr. Oldham was one of the first to lead the revolt against the old fashion of starving on gruel during the first week; but it is easy to err in reaction. During the first two days, the system craves rest as well as food. Food that is not easily assimilable is apt to load the stomach, lying undigested or badly digested. As regards antiseptic midwifery in lying-in hospitals, the dangers gather round the patient in an accelerating ratio. If the history of many lying-

in hospitals could be fairly written, we should have a terrible record of lives sacrificed to ignorance, to reckless disregard of medical authority, to architectural folly, to maladministration, to scandalous experimentation of fanciful crotchets. Unreformed benevolence, overriding the practical benevolence of science, has always been prolific of disaster. Nowhere can it count more victims than in lying-in hospitals. The first imperative condition for the safety of women in lying-in hospitals is the absolute single authority of the physician. The description given by Dr. Fancourt Barnes of the system in force at the British Lying-in Hospital is a practical illustration of the rules necessary to secure safety. Every patient is delivered under the carbolic spray. This disinfects nurses and pupils who are assisting, and prevents the entrance of germs or foul matter into the genital track, at the moment when it is distended and opened by the passage of the child. All washings, syringings, and examinations, are done with carbolic solution. Carbolic spray of 1 in 80 is almost continually playing in each ward. To secure contraction of the uterus, each patient has a mixture of quinine, ergot, and opium, three times a day, for the first week. Since instituting the above practice, he rarely finds any rise of temperature during the lying-in. We may thus hope to see the day when women can be delivered in lying-in hospitals as safely as in home practice.—*London Medical Record*.

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NITRITE OF AMYL AS AN ANTIDOTE FOR STRYCHNIA, AND FOR SUBDUING PUERPERAL CONVULSIONS.—In noticing the experiments of Messrs. Greville Williams, and Waters, on the antidotal action of " $\beta$  lutidine," Dr. Robert Barnes, of St. George's Hospital, relates a case of strychnine poisoning. The administration of amyl nitrite by inhalation, whenever the twitching or facial expression indicated the onset of spasm, during sixteen hours carried the case to a successful termination. He also says he has saved several lives by utilising its spasm-subduing virtues in cases of Puerperal Convulsions, and regards it in such cases superior to chloroform.



### HOURLASS CONTRACTION OF THE UTERUS TREATED WITH NITRITE OF AMYL.

In the *British Medical Journal* for the 18th March, Dr. Farncourt Barnes, Physician to the British Lying-in-Hospital, relates a case of spasm of the *os internum* and Bandl's ring induced by the administration of ergot immediately after the birth of a child, and preventing the delivery of the placenta. Three drops of nitrite of amyl were administered by inhalation from a handkerchief, the spasm at once relaxed and delivery of the after-birth was readily effected. He quotes from the 3rd edition of Dr. Robert Barnes' work on *Obstetric Operations*. "We possess in ergot a great and dangerous power of augmenting the force of the uterus. We want an agent endowed with the opposite effect, that will control and suppress uterine action. I consulted Dr. Richardson on this point. He tells me the desired power exists in the nitrite of amyl. Three minims of this added to one drachm of ether taken by inhalation is the form he recommends. It does not produce unconsciousness; but it is an anæsthetic as well as a sedative of muscular action. It is the antidote or opposite force to ergot. In it we have the desiderated 'epechontotic agent.'" It is claimed that this is the first case of the practical application of this power.

**BLISTERS IN YOUNG CHILDREN.**—M. Archambault (*Journal de Méd. et de Chir. prat.*, Jan. 1882, p. 14.) points out that blisters should not be used as routine treatment in children, as they are always painful and often harmful. In a child of a year old, the blister should not be left on longer than one hour; at four or five years, four hours is enough. The blister should be covered with a piece of oiled silk paper. Blisters should never be applied to cachectic children or to those with a tendency to skin eruptions; but above all, blisters should be avoided in diphtheria and croup, and at the terminations of scarlatina, measles, &c., as he has often seen extensive ulcers so caused. Blisters should not be applied posteriorly or to parts exposed to pressure.—*Birmingham Medical Review*.

**PROCIDENTIA OF GRAVID UTERUS.**—In connection with the very interesting case of this kind, published by Dr. Ross in our present issue, we would draw the attention of our readers to the case published by Dr. Percy Boulton in the *British Medical Journal* for 11th March last, in which the womb became procident between the 3rd and 4th month of gestation, and could not be returned. "The foetus was carried to full term in the prolapsed uterus, "which reached down to the hamstrings," and was not unlike a cow's udder. Dr. Lowe, of Lynn, attended the patient, and saw the foetus and placenta pass straight from the uterus, without, of course, traversing the pelvis. The labour was short, easy, and quick." Dr. Boulton suggests the possibility of producing artificial prolapse in certain cases as an alternative for craniotomy.

**PREVENTION OF LACERATION OF PERINEUM.**—Dr. G. Hurd of St. Louis, Mo., holds that a sharply flexed and abducted condition of the thighs jeopardizes the safety of the perineum, during the passage of the child's head, and relates cases (*St. Louis Med. and Surg. Jt.*) in which rupture was apparently averted by extension of the mother's leg at the moment of perineal distension by the child's head.

### Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

DEAR SIR,—I observe, in the last issue of the *Canada Lancet*, an article upon the recently constituted Ontario Board of Health, to which, with your permission, I desire briefly to refer.

I heartily join in the congratulations of the *Lancet* upon the fact that a step has been taken in the direction of progress, and that a Board of Health for Ontario has been established. We are all agreed as to the desirability of the measure, and are willing to acknowledge our indebtedness to the Government of the Province for the inauguration of legislation which, amplified, as it must be, under more enlightened views, will prove to be a great public benefit. For myself, as an entirely disinterested onlooker, I have only one regret to express. A

work such as that contemplated by the Act requires, for anything like complete success, at least one medical officer who would be prepared to devote all his time to the duties of his office. I venture the assertion that all the provisions of the Bill, even in its present shape, cannot be adequately met unless a secretary can be sufficiently remunerated to be satisfied to relinquish all other professional work. If this Board of Health is to accomplish a work whose beneficial effects will be as wide-spread as the limits of this Province itself, it will not do for the active officer of the Board to confine himself to the working out of only such details as he can manage without leaving the City of Toronto. He should be a man possessed of the ability to acquire a thorough acquaintance with all the various expedients that will tend to give effectiveness to the measure. Then he should have the authority to spend a large share of his time each year in visiting the various parts of the country, and presenting such information as will enlighten the general public upon all the important points that will naturally engage the attention of the Board.

With the present composition of the Board I am not inclined to find fault. It will be readily seen that, with the diverse and somewhat antagonistic elements that have been permitted to obtain in this Province, through previous medical legislation, a work of making a judicious, and at the same time a satisfactory selection has been no easy task. To my own mind, then, a difficult work has been accomplished with a fair regard to the qualifications necessary for such a position, and the various interests involved.

But your big brother of the *Lancet* could not wind up his otherwise fairly good article without his customary ill-natured allusion to the Chairman of the Board and his want of qualification for that position. I know of no more contemptibly mean man than he who, having the almost unlimited power which he wields through his own Journal, utilizes it by making a nasty personal attack upon his professional brother who happens, for the time being, to have been only a rival. Now, this is precisely the position of matters as between the Editor of the *Lancet* and Dr. Oldright. They both

happened to be applicants for this position. Judicious counsels prevailed in the present instance, the almost infinitely superior man of the two received the appointment; and the sorehead, with a degree of presumption which, I venture to say, could only find expression in the Editor of the *Lancet*, vents his malicious spleen upon his competitor in the contest by an unfounded reference to his incompetence which will not find an endorsement from a solitary individual acquainted with the character and attainments of both men. Will the Editor of the *Lancet* kindly inform your correspondent as to the grounds upon which he has been pleased to characterize the recently-appointed Chairman of the Board of Health as a "mere theorist," and so incompetent for the position as to materially jeopardize the chances of its usefulness? I have no doubt he is expressing his true inwardness when he volunteers the able suggestion, "*the selection of the Chairman does not meet with our approval.*" No one ever supposed for a moment that any other appointment than that of Dr. Fulton, would meet the approval of the distinguished, eminently practical Editor of the *Lancet*. Dr. Oldright needs no defence among his professional brethren in Toronto; and I should not have felt it necessary to utter a sentence in his behalf, but for the possible effect of this scurrilous article where he is not so well known to the profession, and the feeling of distrust it may arouse in the minds of some as to the ultimate success of the measure. He has now been pursuing his profession for some sixteen years and with a degree of success in all directions that will not only bear favourable comparison with that of the Editor of the *Lancet*, but can be demonstrated to be far superior. In addition to this, it is only just to him to say that the special direction which his labours have taken for the last nine years has been such as to eminently qualify him for a career of great usefulness in the sphere to which he has been recently appointed. If the Government could have seen their way clearly to offering sufficient inducements to one professional officer to encourage him to abandon regular professional work, Dr. Oldright is, in my humble judgement, one of the best men eligible to-day for the appoint-

ment. If he is anything, he is a most decidedly practical man. That he is practical needs no better evidence than the fact that he has proved himself to be a successful practitioner.

"Oh, wad some power the giftie gie us,  
To see oursels as ithers see us,  
It wad frae mony a blunder free us,  
And foolish notion!"

I commend the above suggestive lines of Scotland's noblest bard to the earnest consideration of the *Lancet*, with the strongest assurance that the steady adoption of the principle so quaintly, but beautifully, expressed, would prove to him and to all of us a valuable guide to future action.

What a pity that men of culture should be so absorbed in self, that they cannot see anything in their neighbours but inaptitude and imperfection, while they are continually behaving in a way which indicates that their own impression is that, without their individuality the world would be a vast howling wilderness! The Editor of the *Lancet*, as often as opportunity offers, and somewhat oftener, while he is unscrupulous upon some points of medical ethics himself, does not hesitate to hold up to public derision, and scandalize every professional brother who crosses his path, even though it be only in honourable rivalry. This may be pardonable in the political arena, or among those who are recognised as pot-house politicians, but it is decidedly beneath the dignity of a member of the noble profession to which we belong, and I would fain hope there are few of us who would descend to the methods systematically adopted by the *Lancet*, in order to bring discredit upon our professional brethren.

Yours very truly,

JUNIUS.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—Since the editorial concerning consultation with Homœopaths appeared in your columns, and since the *Lancet* took up the gauntlet in behalf of the Homœopaths, no less than three different occasions have been brought to my notice, upon which the prominent medical man of this city, mentioned by you, has met homœopathic physicians in consultation. Upon each of these three occasions he was called upon to sew up ruptured perinæa

(a fact which speaks highly of the homœopathic obstetric procedure.) Formerly I had been unwilling to believe it possible that such rumours could actually be true, but the opinion lately expressed in the recent editorial of the *Lancet* upon this subject, renders it too probable that the stories are at least founded on fact. And the sorrowful spectacle is presented to us of a teacher, an aspirant to surgical fame and one who seeks to be a leader of medical thought in this province, openly casting aside the wise restraints imposed upon us by our code of medical ethics and endeavouring to fortify his action by such specious and flimsy arguments as the following: That he meets these dogmatists for diagnostic purposes only—no question of treatment having arisen—for surgical purposes only—in which case he did not meet the homœopath, but treated the case surgically, the homœopathic treatment proceeding concurrently with the surgical attendance; and lastly (the sop to the general profession) that his desire and aim is to crush out homœopathy from our midst. Are the homœopaths whom he so suavely and considerately meets in consultation aware of the sinister intentions concealed beneath the courteous exterior of their surgical consultant? Or has he other smooth arguments to pacify the feelings of resentment that may be stirred in their homœopathic breasts? Or perhaps, the homœopaths take a more *practical* view of the question, (for their surgeon is a *practical* man or he is nothing) and look upon the meeting in the light of a business transaction. Having found a man of convenient morality, who is willing to perform services, which they are themselves unable or unwilling to perform, they agree to accept such service for a consideration.

I am truly sorry for the editor of the *Lancet*, for he is doomed to disappointment; ambitious of the high reputation of a surgeon, he will not find the experience gathered in the practice of his homœopathic friends sufficient to compensate for that which he will lose by such association, and he will realise too late, that the fame upon which he had set his heart has passed beyond his grasp.

NOTANDI SUNT TIBI MORES.

THE CANADIAN  
**Journal of Medical Science,**

A Monthly Journal of Medical Science, Criticism,  
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MAY, 1882.

### FREEDOM OF CONSULTATIONS.

The *New York Medical Record*, in its issues of 8th and 22nd April, contains two very specious and *ad captandum* editorials on the above subject, and in defence of the new code of ethics recently promulgated by the New York State Society. The articles afford from beginning to end a rather startling illustration (in view of its source) of the form of argument known as *petitio principii*, and we should not feel called upon to direct attention to them at all had it not been that in a recent issue of the *Canada Lancet*, indications of a somewhat similar tendency were manifest. As an offset to these pernicious publications we have thrown together at random certain expressions of more orthodox views by various American Journals and herewith present them for the edification and encouragement of our readers. Amongst the American Journals the *Record* stands almost alone in its advocacy of the new departure, and we regret to say, judging by its last issue, seems to glory in its shame. In our last two numbers besides expressing our own views upon the subject we have cited the comments of various portions of the Press, but have not presumed to suggest a reason for the anomalous and unaccountable action of the State Society. The opinion that the motives were purely mercenary has, however, been pretty freely expressed as witnesseth the *Medical News* of April 22nd: "It becomes more and more evident that the great body of the medical profession in the City and State of New York, not consulted, and not recording their opinions, continue, as they have been, opposed

to the surrender of professional honour, and that the real leaders are a number of specialists whose interests are promoted by the withdrawal of all restrictions on consultations."

"We do not believe in violent denunciation of any honestly believing man; but we do maintain that there must of necessity be a right and a wrong to every question. If one man says, 'You give too much medicine in every case; your doses are too large, and you reason from fallacious grounds,' while his opponent answers, 'your doses are ridiculously small and cannot have any appreciable effect,' one or the other must be wrong. It would be equally '*compounding a social felony*' for the conscientious homœopath to consult with the strictly scientific physician, as it would be to reverse the case. Such legislation as the New York State Medical Society has seen fit to pass can remove the penalty from this wrong-doing; it can give the sanction of professional law to this social wrong; but it cannot remove nor disguise the self-evident fact, that when the conscientious believer in our principles and doctrines consents to meet at the bedside one whose belief and whose prospective methods of treatment he honestly considers to be useless or worse than useless, he is doing a social and moral wrong, he is sacrificing his conscience, and in doing so, is fully under the impression that he is doing his patient an irreparable injury. This action on the part of an influential society has opened the ethical door, through which many easy-going consciences can pass; but let us hope that the better portion of the profession will, as they always hitherto have, regard it honestly impossible to professionally meet those whose methods of curing disease they consider fallacious and invaluable. Liberality of belief, and tolerance of those who may differ from us in anything, is commendable, but conscience must never be sacrificed."—*Phila. Med. and Surg. Journal*.

"In regard to the question of consultation with the representatives of homœopathy, the distinguished and learned author uses the following emphatic language: 'Every impulse of a legitimate professional pride; every sentiment of fraternal allegiance; every feeling of self-respect; and every principle of honor, im-

pel us to refuse professional association with such a system, and to hold professional relations with such men."—*Dr. Palmer, University of Michigan.*

"Much space has been given to this review, yet when prominent leaders and officers in the American Medical Army have not only dishonoured their own flag by trailing it in the dust, but, like the Hessians (despised by all honourable soldiers) are willing to do service with an alien flag, for pay, it is time to draw attention to such facts.

"Of course any one has the right to be a Hessian, but he must concede the right of others to point him out and to denounce him as he deserves. And the Hessians are all alike; their banner inscription is 'Not Principles, but Pay.' And when a regular physician undertakes a so-called 'consultation' with a homœopath, wherein there can not be either honourable agreement, or honourable compromise, such an act is a fraud upon the Profession, and absolutely a fraud upon the patient. For any one to accept remuneration for co-ordinate service when such service has not been co-ordinate, and can not be, is, in plain English, a deception; and such a deception is a fraud. Every one so acting should have pinned upon him, by the Press and by the Profession, the inscription on the Hessian's flag: 'Not Principles, but Pay.'"—*American Medical Weekly.*

The *Chicago Medical Journal and Examiner* says, "The action of the New York Society was exceedingly ill-timed, because it was taken when it was apparent to every well-informed observer, that the followers of Hahnemann were rapidly abandoning their adherence to the distinctive features of homœopathy, and in numerous instances dropping their distinctive name; and it only required the maintenance of an unbroken adherence to the time-honoured and just ethical rule that no one can be considered a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, to have substantially banished the name of homœopath before the end of another generation." And again, "Here is the fundamental error of all the advocates of the so-called liberal policy of the

New York revisors. Instead of recognising the all-important fact that the medical science of the present day is neither a creed nor a bundle of dogmas, but all that part of the domain of general science that relates to a knowledge of the structure and functions of the human body in health and disease, and of those agents and influences capable of modifying such structures and functions, they are constantly using expressions countenancing the public error that legitimate medicine is only one of numerous systems, schools or creeds. They seem to forget that legitimate medicine is inherently and necessarily liberal, neither knowing nor recognising creeds, sects, or isms. \* \* \* \* Their position is untenable in every aspect in which it can be viewed, and is not sustained by the action of any other respectable body of medical men in Europe or America."

The *Record* asserts that those who have expressed opinions opposite to its own in this matter are not the leaders of professional opinion in the parts where they reside. Without caring to deprive it of the application of this flattering unctio to its soul, we mildly commend to its attention the statements of another contemporary, that "the profession will be true to its leaders, but only so long as they are true to their colours."

For ourselves, *noscitur a sociis* is a time-honoured and time-vindicated maxim, and we are satisfied to regard those who associate with Homœopaths, Eclectics, and other Irregulars as men of the same stripe, cast in the same mental and moral mould. Birds of a feather flock together and aliens are driven out; just upon the same law of kindred association "a man is known by the company he keeps," and those who are not of his kidney shun his contact, and purge themselves of his offending presence.

Mr. Jas. Shuter, M.A., LL.B., and M.B., Cantab., F.R.C.S., has been elected Assistant Surgeon to St. Bartholomew's Hospital. The surgical staff now stands, Surgeons: Messrs. Savory, T. Smith, Willet, Langton, and Baker; Assistant Surgeons: Messrs. Marsh, Butlin, Walsham, Cripps, and Shuter—a double surgical quinquenvirate probably without an equal in any hospital staff.

### MEDICAL COUNCIL EXAMINATIONS.

As the appointment of a Central Examining Board by the Ontario Medical Council is the most important and useful feature connected with that body, it becomes a matter of interest to consider the character of the examination held by this Board. It gives us much pleasure to bear testimony to the fact that the recent Council Examination was conducted in the most thorough and impartial manner. The primary (entirely oral) was thoroughly practical, and at the same time perfectly fair. The arrangements, under the management of the indefatigable Registrar, were very complete. The four examiners occupied the four corners of the Council Hall, and four candidates were examined at the same time, fifteen minutes being allowed for each subject. As the candidate finished at one table he passed on to the next. An improved feature of this year's final examination was an oral given to all, in addition to the written. The object was to make this as practical as possible, especially in medicine and surgery. Of course, an oral may be quite as unpractical as the written; but, in this instance, the examination was as practical in medicine and midwifery as it is possible to make it without taking the students to a hospital. It was, perhaps, not so practical in surgery. Although the oral is not popular with the students, still, there is no doubt, it is the best means of finding out exactly what the candidate knows in a practical way. The mere bookworm who has obtained some knowledge of his subject, but is unable to apply it with ordinary judgment, is at once discovered.

The urgent requirements in our medical schools at the present day are work in the laboratories, dissecting rooms, *post-mortem* rooms, systematic and continuous bedside teaching, as well as the ordinary clinical lectures, a complete system of appointing surgical dressers and clinical clerks, and compelling them to perform their duties properly, and keep a correct record of all their cases. The facilities for all these are at our command, but the difficulty is to make the students pay sufficient attention to these all-important matters. In the past some, even though deluged by oceans of advice, have sadly neglected them.

Some have worked in a half-hearted way, and others have improved all their opportunities of gaining practical knowledge. The last-named are undoubtedly the only ones fit to engage at once in actual practice, but at a purely written and unpractical examination they are frequently, if not generally, beaten by the bookworms. It will probably be generally admitted that our examinations were formerly very defective, as far as giving any encouragement to practical work is concerned, and it is at the same time well known that a vast improvement in this respect has taken place during the last few years.

It is only just to the Council to affirm that it has fully appreciated these facts, and for some years has honestly endeavoured to improve the character of its examinations; and the result is that the examination just completed has, taken altogether, been the most thorough and practical ever held in this country. The students, who are very quick to discern the signs of the times, have been forced to a more wise course in pursuing their studies, and, as a consequence, have done more and better work in their laboratories, dissecting rooms, and hospitals during the past winter than ever before, and we venture to hope that the result will be a smaller number of *vacancies* in the list of the "passed." We, of course, fully appreciate the value of reading, but simply insist that a man cannot acquire a proper knowledge of our profession, with all its details, from books alone.

Canadian doctors take great interest in politics, and are largely represented in the various Parliaments. There are six physicians in the Dominion Senate, and sixteen in the House of Commons, ten in the Local Parliament of Ontario, ten in Quebec, three in Nova Scotia, two in New Brunswick, and two in Manitoba. They are also largely represented in Municipal Councils.

Dr. Oldright, chairman, and Dr. Cassidy, a member of the Provincial Board of Health, attended the State Sanitary Convention held in Greenville, Michigan, in April.

Dr. P. H. Bryce, of Guelph, has been appointed Secretary to the Ontario Board of Health.

## RESULTS OF EXAMINATIONS.

**TORONTO SCHOOL OF MEDICINE**:—The fourth year prize was awarded to J. T. Duncan, Goderich; third year scholarship, W. J. Robinson, Fergus; second year, R. Hearn, Ottawa; first year, Leaming Carr.

**TRINITY MEDICAL SCHOOL**:—Final: W. H. Macdonald, gold medallist; A. C. Gaviller, 1st silver medallist; A. D. Smith, 2nd silver medallist. Certificates of honour were awarded to Messrs. Bonnar, Cameron, Graham, Hanbridge, J. M. Johnston, J. Johnston, McCauseland, and Sutherland. Primary Scholarship: J. E. Jenner and E. H. Williams (equal). Baptie Prize: E. H. Williams. Materia Medica prize: B. H. Scott.

**ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON**:—Final: passed, R. S. Anglin, Kingston; J. Denike, Belleville; A. Monde, Almonte; H. N. McDonald, Lake Ainslie, C. B. Primary: C. Clancy, L. T. Davis, G. H. McGhie, D. C. Hickey, R. Smith, A. J. Grange. Messrs. F. Kidd and W. J. Young have been appointed House Surgeons for next year.

**MCGILL UNIVERSITY, MEDICAL DEPARTMENT, MONTREAL**:—Final, passed: Charles O'Bunn, Ben. W. Burland, Lorne Campbell, Angus M. Cattnach, Edmund Christie, W. C. Cousins, Wm. J. Derby, W. T. Duncan, O. H. A. Dunlop, Rankin Dawson, B.A., Hugh Gale, James A. Grant, B.A., B. F. W. Hardman, R. F. Klock, R. K. C. McCorkill, A. R. McDonald, F. N. McLean, W. J. Musgrove, H. V. Ogden, B.A., T. J. P. O'Brien, Henry O'Keefe, Clarendon Rutherford, Alex. Shaw, E. W. Smith, B.A., W. E. Thompson, H. W. Thornton, B.A. Primary, passed: J. L. Addison, G. Carruthers, L. G. Cook, T. B. Davies, J. A. Duncan, E. J. Elderkin, Hugh Gale, C. E. Gooding, G. A. Graham, W. G. Henry, J. R. Johnson, W. G. Johnston, Ovide Martel, J. C. Meahan, J. J. Maher, John Menzies, N. J. McDonald, J. P. McIvernay, Isaac W. McLean, B.A., J. W. McLean, Arch. McLeod, B.A., A. McNeill, W. M. Nelson, S. S. C. Phippen, Wm. Porteous, W. S. Renner, W. K. Ross, George B. Rowell, E. H. Smith, Herbert E. Smyth, Felix D. Walker, S. F. Wilson, B.A., E. S. Wood. The Holmes

medal was awarded to R. J. B. Howard, B.A., Montreal. Prize for final: H. V. Ogden, B.A., St. Catharines. Primary prize: Geo. A. Graham, Hamilton; Sutherland Gold medal: W. G. Johnston. Morrice scholarship in Physiology: W. G. Johnston. Botany prize: Edwin G. Wood. Practical Anatomy prize: George Carruthers.

**BISHOP'S COLLEGE, MEDICAL DEPARTMENT.**

Final, passed: Heber Bishop, B.A., N. C. Smilie, J. W. Cameron, W. D. M. Bell, G. A. Balcom, Walter Prendergast. Primary, passed: J. B. Saunders, J. A. Caswell, G. A. Balcom, E. Sirois, W. D. M. Bell, W. Prendergast.

**UNIVERSITY OF VICTORIA COLLEGE**:—Final, passed: W. H. Aikins, B.A., Toronto; R. J. F. Burton, Warkworth; J. Campbell, Wingham; J. T. Carroll, Marville; G. W. Clendenan, Jordan; M. K. Collver, Wellandport; R. M. Coulter, Richmond Hill; M. R. Elliott, Goderich; H. P. Jackson, Simcoe; W. J. Kellow, Tara; Elgin Laws, St. Catharines; W. G. S. McDonald; W. H. Montague, Dunnville; S. R. Rogers, Cedarville; David Rose, Port Ryerse; W. A. Ross, Barrie; J. B. Whitely, Goderich; J. W. Willmot, Richmond Hill. Primary, passed: D. Campbell, Port Perry; F. E. Case; C. E. Cochrane, Colborne; C. M. Foster, Jamaica; E. M. Hewish, Heathcote; W. Jaques, Jarvis; Wm. Kennedy, Toronto; L. G. Langstaff, Langstaff; S. E. C. McDowell, Bowmanville; Alex. Sangster, Port Perry; Miss A. Stowe, Toronto.

**COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**.—The following gentlemen passed the Primary Examination of the College of Physicians and Surgeons of Ontario: J. L. Addison, W. G. Anglin, James Bray, J. W. Clerke, John Cryan, Wm. Cuthbertson, W. H. Carleton, Duncan Campbell, A. P. Cornell, H. R. Casgrain, W. F. Dickson, J. G. Davidson, F. P. Drake, W. F. Freeman, R. W. Fraser, G. A. Graham, J. B. Gullen, J. E. Hansler, R. Hearn, A. J. Henwood, Wm. Jacques, J. M. Johnston, J. F. Kidd, F. D. Kent, L. G. Langstaff, T. D. Meikle, John Menzies, A. F. McKenzie, S. W. McConachie, Archibald McMurchy, E. B. O'Reilly, L. C. Prevost, T. H. Robinson, J. W. Ray, W. A. Ross, James Spence, Alex. Sangster, W. F. Shaw, Miss Augusta Stowe, F. H. Sawers, A.

D. Thompson, A. D. Watson, J. B. Whitely, E. R. Woods, J. D. Wilson, P. C. Walmsley. *Final*: Frank Bentley, Lafayette Bentley, T. G. Brereton, James Baugh, J. C. Burt, Wm. Bonnar, G. S. Beck, J. F. Bell, E. E. Book, Wm. Brett, E. Bedard, G. W. Clendenan, A. Cameron, G. S. Cleland, A. P. Cornell, R. M. Coulter, W. J. Charlton, L. E. Day, G. C. Dowsey, J. T. Duncan, C. R. Dickson, J. G. Davidson, W. F. Eastwood, Ira A. Freil, R. M. Fisher, A. C. Gaviller, R. W. Garrett, Wm. Gilpin, Wm. Hanbridge, A. J. Henwood, D. A. Johnston, J. M. Johnston, W. H. Johnson, C. E. Jarvis, James Lafferty, J. G. Men-  
nie, T. M. Milroy, M. McPhoden, H. P. McCausland, H. R. McGill, T. F. McMahon, J. F. O'Keefe, L. C. Prevcat, S. R. Rogers, D. B. Rutherford, David Rose, B. L. Riordan, H. H. Reeve, T. J. Symington, J. E. Shore, A. D. Smith, Alex. Stark, J. M. Stewart, W. F. Shaw, T. H. Stark, E. D. Vanderwort, R. R. Wallace, A. B. Welford, C. A. Weagant.

#### SUIT FOR MALPRACTICE.

This was an action brought against Dr. Wm. Brock, of Bismarck, by a Mr. Malcolm, and was tried at St. Thomas, April 7th. The particulars are as follows: The plaintiff received an injury to the shoulder, and went at once to Dr. Brock for treatment. The Dr. pronounced it a severe bruise; said there was no displacement, and had the patient under observation about five weeks. At the expiration of this period, the man being very anxious about his shoulder, on account of the severe pain he experienced, consulted two other physicians separately, both of whom told him there was a dislocation. A short time after this (about eight weeks after the receipt of the injury) he went to the hospital in London, when the surgeons recognised a dislocation, and made an attempt to reduce it, but without success.

At the trial three surgeons subpoenaed by the plaintiff, Dr. Tye, of Chatham (formerly Thamesville), and the two local doctors who first saw patient after defendant had treated him, agreed in saying there was a subcoracoid dislocation of the humerus, so well marked as to leave no shadow of doubt in their minds. The

defendant stated there was no dislocation, and had been none since the injury. It came out in evidence, however, that he had on two different occasions tried extension with the heel in the axilla, with the intention, he said, of *stretching the nerves and thereby lessening the pain*. The other doctors called on behalf of the defence were not put in the witness box. The jury returned a verdict for the plaintiff, with damages, \$900.

There was no attempt to show any negligence on the part of the defendant, but simply want of skill. There can be no doubt that he committed a grave error in judgment, and, while he was doing his best for his patient, the price demanded for his error appears to us very high. While we sympathize with Dr. Brock, who, during his practice of eight years, has always been careful and painstaking, we hope that he and others will learn from the result of this unfortunate case the great importance of insisting on consultations in all cases of injury at or near the joints where the symptoms are at all severe or obscure. Unfortunately, some medical men, with a perversity which is entirely inexplicable, as well as inexcusable, persistently object to consultations. Such conduct is both unjust and impolitic: unjust, because it deprives the patient of the advantages which may accrue: impolitic, because it throws on the surgeon's shoulders the full responsibility of any mishaps which may arise

#### DOES IT PAY?

Our readers are probably tired of seeing our reiterated protests on the subject of "newspaper offences against the profession," and would, perhaps, be glad to give up the crusade in disgust, for many think, "*Le jeu ne vaut pas la chandelle*." However, we do not despair, for doubtless, like other hydraheaded monsters, this too, can be exterminated by courage and perseverance. Where the perception of ethical niceties is blunt, and the regard for other people's feelings callous, it is generally found that the nerve supplying the pocket is peculiarly sensitive, and accordingly we appeal to recalcitrant newspaper men through this channel of communication, and enquire, "Does



it really pay!" The Chatham papers recently afford some instances of bad taste, and short-sighted policy in this respect; and the Editor of the *Planet* says, in commenting upon a letter to his paper on "Too much puff." "If the item comes from sources outside the passive and active partners of the amputation, then the reporter is free to use his own judgment as to the propriety of publication, and the local news-hunter of 1882, is the last man in the world to sacrifice his item, gained after a long chase, on the altar of medical etiquette, even under the august image of Esculapius." We subjoin two disgusting samples of Chatham news-hunters' judgment:—

"DO READ THIS.—Two cases of small-pox, between Comber and Stoney Point, and early in the week, the man who brought the news, very wisely received vaccination at the hands of Dr. Holmes. Go thou and do likewise."

"A MODERN MIRACLE.—Dr. Sievewright performed a very remarkable operation on Mr. Antoine, of Munceytown, who had been stone blind for nine months. Under the doctor's skilful operating hands, the unfortunate has regained heaven's greatest physical blessing—sight."

And we ask the editor to tell us candidly if he can afford to sacrifice the good opinion and the good-will of the profession for any profit to be derived from such "perilous stuff." The general reader cannot positively care for, or take an active interest in such intellectual pabulum as this; and it can only prove distasteful and irritating to the professional portion of the community. The answer to the question must, therefore, be, "It does not pay," and accordingly, on pure business principles, if for no higher reasons, the practice should be abandoned. If some newspaper men are so obtuse as to fail altogether to see the matter in this light, then we hold it to be the duty of medical practitioners, not only to themselves but to the profession also, to put the proposition in concrete terms and discountenance those journals, both personally and through their friends, which persist in defying and doing violence to a well recognized and honourable *esprit de corps*.

#### MANUFACTURING DOCTORS.

They are manufacturing more doctors in the United States, in proportion to the population, than any country in the world. Perhaps, one of the chief reasons is the fact that it is there such an easy matter to acquire the license to practice. In many quarters, they require little or no preliminary training, a very short time of attendance on lectures, and then put the candidate through the farce of what is called an examination, after which they send him forth to the world as a fully-fledged Doctor of Medicine—a member of the *regular profession*, which we are pleased to hold in high esteem.

We have a good example of these rapidly grinding mills in the city of Detroit, where a young man can matriculate, attend one course of lectures, *pass*, and go out a fully-licensed practitioner, although possessing only that diminutive amount of knowledge which is really more dangerous than simple ignorance. It is true that this institution, which has the assurance to class itself among the respectable teaching bodies of the country, pretends to require attendance on two courses of lectures, and yet we know that it has given its diploma to men who have not shown tickets for attendance on more than one course of lectures in any branch of medicine. It must be some what discouraging to the respectable Medical Institutions of New York, Boston, Philadelphia, and other cities, to be placed on a level, as far as the power of granting degrees is concerned, with any such school as the one referred to. Under the circumstances we can hardly wonder at the comparative success of outsiders practising in the State of Michigan, as it must be easy to win in the race with men who must of necessity be sadly deficient in ordinary mental culture and scientific medical training.

In Ontario, nothing so disgraceful can occur, thanks to those who established the Medical Council as it is at present constituted. It gives us what many in the United States would like, a Central Examining Board; and we should never lose sight of this important fact, while called upon too frequently to criticize many imperfections and stupid mistakes in the past history of the Council's proceedings.

### DEATH FROM A DRUGGIST'S MISTAKE.

Richard Wanless, aged 16, a druggist's clerk, was tried at Walkerton, April 12th, for manslaughter. It was supposed that, in making up a prescription for Mrs. Moore (written by Dr. Smith), he made the mistake of substituting prussic acid for hydrobromic acid, and the prussic acid had caused the death of the woman. Although the case appeared very clear, the prisoner was released on a technical point arising out of the fact, that no *post-mortem* examination had been made, and consequently there was no evidence to prove positively the cause of death. His Lordship the Judge, while withdrawing the case from the jury, remarked that he felt there was rather a lamentable failure of justice.

The case is a very sad one in every respect, and teaches us the alarming fact, that the lives of our citizens in some places are continuously imperilled by the loose and careless way in which drug stores are managed. The evidence at this trial showed almost (if not quite) criminal neglect on the part of the proprietor of the drug store. In the first place, there was not proper care taken in separating and distinguishing the poisonous from the comparatively harmless drugs, either by conspicuous labels, or peculiar colour or shape of bottles; in the second place, an opportunity was afforded a lad, ignorant of the properties of the medicines he was handling, to deal out deadly poisons to any one who might call for them, notwithstanding the fact that he was *several times* forbidden to make up prescriptions during his employer's absence.

**THE SPLENIC PULSE.**—From Dr. Roy's late observations "it appears (*Brit. Med. Jl.*) that normally (in cats and dogs at least) the spleen alternately contracts and expands with great regularity, presenting systolic and diastolic phases about once a minute, and that it thus carries on its own circulation, independently of the general blood pressure." Dr. Roy's paper is to be found in the *Journal of Physiology*, vol. iii. No. 3.

**SENATE ELECTION, UNIVERSITY OF TORONTO.**—The voting papers will be opened, May 3rd. The candidates are William Oldright, M.A., M.D., John Boyd, M.A., B.C.L., John Galbraith, M.A., C.E., and William Houston, M.A., three of whom are to be elected.

**ECHINOCOCCUS DISEASE.**—We desire to ask our readers who have met with or who know of instances of hydatid disease occurring in Ontario, if they will kindly forward to us without delay references to, or particulars of such cases.

**THE MEDICAL ASSOCIATION OF ONTARIO.**—The second meeting of the Ontario Medical Association will be held in Toronto, on Wednesday, June 6th.

### PERSONAL

Dr. Tye, of Thamesville, has moved to Chatham.

Dr. J. H. Duncan, of Seaforth, takes Dr. Tye's place in Thamesville.

Dr. John Campbell, of Seaforth, Ont., has been admitted L.R.C.P., Edinburgh.

Dr. Sheard, of Toronto, sailed for England in April, and expects to be away some months.

A new museum is to be built for the University of Michigan at a cost of \$60,000.

Dr. D. J. Cunningham has left Edinburgh to become Professor of Anatomy to the Royal College of Surgeons in Ireland.

Sir Edward Burrows Sinclair, King's Professor of Midwifery in Trinity College, Dublin, died on 24th March, aged 57.

The death of Sir Wyville Thompson, LL.D., Professor of Natural History in the University of Edinburgh, is announced.

Dr. J. E. Graham, of Toronto, sails for Europe, May 4th. He expects to spend a few months in London and Leipsic or Vienna.

The late Dr. Pancoast, of Philadelphia, was worth a million dollars. His favourite amusement was playing checkers.

There were two female students at the Philadelphia College of Pharmacy during the past session.

Mr. E. Ray Lankester, M.A., F.R.S., of University College, London, has been elected

to fill the vacancy created by Sir Wyville Thompson's resignation and death.

Dr. G. W. Balfour, in March last, severed his connection with the Royal Infirmary of Edinburgh. Dr. Wyllie, the Senior Assistant Physician, succeeds him.

The late Mr. John Jones of Piccadilly, London, has left by his will, a quarter million dollars to the Royal National Hospital for Consumption, Ventnor, Isle of Wight.

Of the fifty-six professors of Harvard College, forty-three are graduates of Harvard—a notable instance of an Alma Mater appreciating her own children.

Hermann Von Schlagintweit, the celebrated naturalist and traveller, who died on the 19th January, bequeathed his skull and brain to the Anatomical Institute, at Munich.

We inadvertently omitted to state in our February number that Drs. W. C. Edmondson and W. H. Aikins, from the Toronto School of Medicine, had each received the L.R.C.P., Lond.

At the recent examinations (trial), a candidate was asked the meaning of "Entropion," and caused an *audible* smile in the examiner by his answer:—"Excessive and insane desire for sexual intercourse."

Mr. Henry Montgomery, M.A., B.Sc., Lecturer on Botany and Zoology, Toronto School of Medicine, is at present engaged at practical work in Johns Hopkins' University, Baltimore.

Dr. John S. Billings, in speaking of the late International Medical Congress held at London, says; "Although the great Congress is gone, it is not like a flame blown out, but like a handful of seeds scattered."

Dr. Covernton, of Toronto, and Dr. Yeomans, of Mount Forest, members of the Provincial Board of Health, have been engaged during the latter part of April in investigating the causes of the typhoid epidemic in Sarnia. We have not yet heard their report.

Commendatore Corrado Tommasi Crudeli, has been appointed Professor of Experimental Hygiene and Director of the Corresponding Department in the University of Rome. Dr. Marchiafava has been appointed to the Chair of Pathological Anatomy thus vacated.

Dr. Samuel D. Gross, for twenty-six years Professor of Surgery at the Jefferson Medical College, has resigned: cause, infirmities of advancing age, which is seventy-seven. He has been elected Emeritus Professor of Surgery in the same college, and the work he has done will be divided between his son, Dr. Samuel W. Gross, and Dr. John H. Brinton.

Dr. E. C. Spitzka, of New York, was elected President of the New York Neurological Society on 4th April. This selection is generally regarded as a professional denunciation of the unjust and ungenerous treatment suffered by this distinguished scientist in the Guiteau trial.

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### Obituaries.

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FREDERICK H. WRIGHT, M.B.,  
L.R.C.P., LOND.

Dr. Fred. Wright was one of the best known among our young physicians in Ontario, and his sad death, at so early an age, will be a matter of the deepest regret to a large portion of our readers who were personally acquainted with him. He was the eldest son of Dr. H. H. Wright, born at Markham, in 1849, being 33 years of age at the time of his death. He received his preliminary education in the old Toronto Grammar School, and Upper Canada College; commenced the study of medicine in the fall of 1868, in the Toronto School of Medicine, and graduated in Toronto University in 1872, passing the Ontario Medical Council the same year. During his undergraduate course he spent much of his time in his father's office, and was also engaged for a time in Prof. Croft's Chemical Laboratory. After spending the summer of 1871 in New York, visiting the various Hospitals and Dispensaries of that city he went to England in the summer of 1872, and remained in London for more than two years attending the different Hospitals, but principally St. Thomas's where he was a great favourite with many of the teachers, especially Dr. Peacock. While attending St. Thomas's he passed his examination before the College of Physicians, London. A vacancy in the resident staff having occurred in the Hospital for Diseases of the Chest, Victoria Park, East London, he was appointed to the position, chiefly through

the influence of Dr. Peacock, who had formed a high opinion of his attainments; and, during his residence of six months, his conduct gave the highest satisfaction to the attending physicians. While in London he was always engaged in practical work, and, among other things, took a very thorough course in microscopy. On his return to Canada in the fall of 1874, he at once engaged in practice in Toronto, in which he was unusually successful, until failing health gradually compelled him to give it up. He was connected with various city charities and was for some time Physician to the Toronto Dispensary, and also acted as assistant to his father in the Toronto General Hospital. As Demonstrator of Microscopical Anatomy in the Toronto School of Medicine, and acting Secretary of the Faculty he was a great favourite with the students. Both as student and practitioner he was always pre-eminently practical. He possessed good abilities, and unusually good judgment in all things; was skillful in diagnosis, careful and judicious in treatment. In diseases of the chest and abdomen he was undoubtedly one of the most skilled diagnosticians we had in Canada. His manner was such as to inspire confidence in his patients. In fact, he combined within himself the various elements which go to form a successful physician, and at one time there was every prospect of a bright future before him. But it was not to be, and two or three years ago his health began to fail. The change was so gradual that his friends did not notice or appreciate it, for some time. Before long, however, undoubted signs of phthisis appeared. Last summer and fall he failed rather rapidly. Shortly after the advent of the new year he was confined entirely to the house and passed peacefully away on the 19th of April.

To those who knew him in his student's days it is hard to realize that he who, a few short years ago, was so bright, so cheerful, so full of health, strength, and happiness, so successful in all his undertakings, has gone to his long home. We wish the heartfelt sympathy of innumerable friends in this city and province, could in the slightest degree assuage the inexpressible grief of the mother, father, sisters, and brother, in their sad affliction. The funeral

took place on the 21st of April, and was largely attended, especially by the profession in and outside of Toronto, including leading representatives from both Schools of Medicine. The Managers of this Journal are especially indebted to him for active co-operation in its foundation.

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Prof. Erskine Mason, A.M., M.D., New York, died suddenly on the 13th of April last, at the age of forty-five. He had held the following professional appointments: Demonstrator of Anatomy in the College of Physicians and Surgeons, Adjunct Professor of Surgery in the Medical Department of the University of the City of New York, and Assistant Surgeon to the New York Eye and Ear Infirmary. He was also Surgeon to Bellevue Hospital, Roosevelt Hospital, and to the Coloured Home. The *Medical Record* says, "Dr. Mason had acquired a very high reputation as a bold and skilful operator, and he was justly ranked among the first surgeons of the city."

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Dr. Geo. Budd, F.R.S., for many years Professor of Medicine and Physician in King's College Hospital, died on the 14th March. He is best known by his work on Diseases of the Liver, and that on Organic Diseases and Functional Disorders of the Stomach. He was third wrangler in mathematics in 1831, graduated M.D. Cantab in 1840, and became a Fellow of the Royal College of Physicians in 1842. He had attained the age of 75 years.

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### Book Notices.

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*Annual Report of the Asylum for the Insane, Kingston, Ont., for the year ending 30th September, 1881.*

*Report of the Medical Superintendent of the Asylum for the Insane, Toronto, for the year ending 30th September, 1881.*

*Civilization in its Relation to the Decay of the Teeth.* By NORMAN W. KINGSLEY, M.D.S., D.D.S. New York: D. Appleton & Co.

*Proceedings of Meetings held, February 1st, 1882, at New York and London to express sympathy with the oppressed Jews in Russia.*

*On Some Points in Connection with the Treatment of Sterility.* By A. REEVES JACKSON, A.M., M.D., Chicago, illustrated. (Reprint from *Gynecological Transactions*. 1879.)

*Inebriety: A Study upon Alcohol in its Relations to Mind and Conduct.* By T. L. WRIGHT, M.D., Bellefontaine, Ohio. (Reprint from *Alienist and Neurologist*.)

*Annual Report of the Board of Health of the State of Louisiana to the General Assembly for the year 1882.* New Orleans: Joseph Jones, M.D., President; S. S. Herrick, M.D., Secretary; J. S. Rivers, 74 Camp street, Printer.

*A Treatise on Human Physiology.* By JOHN C. DALTON, M.D., Professor of Physiology, College of Physicians and Surgeons, New York, etc. Seventh edition. Philadelphia: Henry C. Lea's, Son & Co.

Dalton's Physiology is too well known to require a critical review. The principal changes found in this edition appear in sections on proximate principles, nervous system, and reproduction. The term proximate principles, however, is dropped, the subject being treated under the title of Physiological Chemistry, and more extensively than formerly. The greatest improvements in the book will probably be found in section on the Nervous System, where special attention has been paid to the subject of localization, the relationship existing between the different portions of the cerebro-spinal system, vaso-motor nerves, &c. The section on reproduction is considerably changed, somewhat abbreviated, but still retains its place as the best exposition we have on the subject. Altogether the book is about the same size as last edition. The work is printed and bound in "Lea's" best style, which is certainly not surpassed, if equalled, by any medical publishing house in the world.

*The Illustrated Quarterly of Medicine and Surgery.* Edited by GEO. HENRY FOX, M.D., Clin. Prof. Dis. of Skin, Coll. of Physicians and Surgeons, New York, and FREDERICK R. STURGIS, M.D., Prof. Venereal Dis., Med. Dept. University, City of New York. New York: E. B. Treat, 757 Broadway.

This is a new venture in Medical Journalism which pre-eminently deserves general support, presenting as it does, not only excellent clinical accounts of interesting cases in practice but also highly artistic pictorial representations (both photographs and drawings) of the subjects of the cases themselves. We cannot more highly recommend the work to our professional brethren than by quoting the names of the editorial collaborators, and of the contributors to the first two numbers which are before us: Prof. Willard Parker, A. C. Post, W. H. Van Buren, Jas. R. Wood, J. L. Little, T. G. Thomas, A. L. Loomis, F. Delafield, D. B. St. J. Roosa, C. R. Agnew, and Austin Flint, are associate editors. The contents of the first number are Restoration of Upper Lip (five illustrations) by A. C. Post; Fibrous Tumour of Face (three illustrations) by Willard Parker; Laparotomy for Removal of Menstrual Blood, etc., (five illustrations) by T. G. Thomas. *Separation of Lower Epiphysis of Femur* (two illustrations) by J. L. Little; Dislocation of Columbar Cartilage of Nose (one illustration) by F. H. Bosworth; Facial Paralysis in connection with Aural Disease, (four illustrations) by S. Sexton; and a Rare Form of Corneal Opacity (one illustration) by T. R. Pooley. Number 2 contains: Ovarian Pregnancy, (one illustration) by Isaac E. Taylor; Facial Atrophy (one illustration) by E. C. Seguin; Plastic Operations for Loss of Nose, Lower Eyelids, etc., (nine illustrations) by Thos. T. Sabine; Dupuytren's Contraction of Fingers, (two illustrations) by Robt. Abbe; The Pathological Anatomy of a Case of Spinal Caries with Paraplegia, (two illustrations) by V. P. Gibney; the History of Three Cases of Hip Disease in Third Stage (nine illustrations) by A. B. Judson; Skin-Grafting (two illustrations) by G. A. Van Wagenen. Contributions are solicited from all quarters. "Every accepted article will be paid for, and the *water colours* (6 + 9 inches), *photographs*, and *drawings* will be reproduced without expense to contributors."

*Diseases of Women: including their Pathology, Causation, Symptoms, Diagnosis, and Treatment. A Manual for Students and Practitioners.* By ARTHUR W. EDIS, M.D., Lond., F.R.C.P., M.R.C.S., Assistant Obstetric Physician to the Middlesex Hospital. With 148 illustrations. Philadelphia: Henry C. Lea's Son & Co. 1882.

To the reader of current English Gynæcological periodical literature, the high excellence of this latest manual on the Diseases of Women will not be a matter of surprise, for to him the author of the present treatise will be well and favourably known. Among British works upon the subject, so far as we are acquainted with them, and we think we are familiar with the chief, that of Barnes alone will bear favourable comparison with this the latest, and perhaps, for students' purposes, the best. But it would, in truth, be doing violence to the fact to affirm that the present work is at all capable of superseding the crowning triumphs of American industry and genius in this field, the justly valued works of Thomas and of Emmet. The present volume is divided into 37 chapters, occupying something over 500 pages. It will be seen, therefore, that a large amount of information has had to be compressed within a comparatively small space, for the work has been brought fairly well up to date, and yet, withal, lucidity has been by no means lost in conciseness and condensation. The illustrations are, for the most part, very good, being as the author says "chiefly outline diagrams," and the instrumental armamentarium has not been overlooked or neglected. Barnes and Thomas, with due acknowledgements, have been largely drawn upon, and the author has succeeded in producing a very complete, interesting, and instructive compend of the wide and difficult subject of which he treats. If called upon to select any portion of the work as being of higher excellence than the rest, we should point to the section on Abdominal Tumours as deserving of the highest commendation. We do not know that we have any special, particular fault to find with any part, but had intended to do a little criticism of the chapters *seriatim*. Lack of space in this issue, however, forbids. The merits of the book are nevertheless, so high that we do not hesitate to give it generally the strongest recommendations to our readers.

### Miscellaneous.

**HYGIENIC MEASURES.**—It will be a source of gratification to know in future that the medical profession has always stood in the front rank in the fight for the prevention of sickness. The fight will be a long one before the theory of humanism will be fully practised. It is true that it is no longer lawful to throw away new-born babies that were not washed, or throw to the bloodhounds the old, infirm, and moribund; but the study of what occurs every day, socially, publicly, officially, in the course of life, within the limits of law, under the rules governing industry and commerce, amongst the luxuriously rich and the abject poor, is still apt to make the humanitarian weep and the moralist blush.

"To live fast and in enjoyment, though to one's injury, is better than to live in health long and sedulously. What is most to be feared is over population and increasing competition. There is no harm in epidemics and wars cutting off the population annually; for, such is the charter of our times. The enthusiasts in the cause of public hygiene fight a battle, the aim of which is too high for me to see. In that respect I am myopic. I may admire the battle but I cannot sympathize with it."

Who says that? A man who has been able to prove that supplying the medical profession of the world with books, and some good books, of performing old operations skillfully and devising new ones, does not redeem him from coarse thinking, brutal feeling, and vulgar talking—does not make a noble physician out of a mere operator and literary man. His name, I am sorry to say, is Billroth. Through him New York fanaticism will feel amply justified in trying to prove that the whole profession is imbued with the spirit of egotism and barbarism. In the face of such shocking vulgarity, in the presence of the noble profession of the State of New York, in the remembrance of the tendencies and aims of the most humanitarian profession in existence, I may be permitted to ask your co-operation in measures looking toward the cure of disease and the amelioration of the suffering of human kind.—*An Extract from Jacobi's Presidential Address, Medical Society, State of New York.*

# THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

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TORONTO, JUNE, 1882.

## Original Communications.

### CLINICAL LECTURE ON ACUTE BRIGHT'S DISEASE.

BY WM. OSLER, M.D., M.R.C.P., LOND., PROFESSOR  
OF PHYSIOLOGY M'GILL MEDICAL FACULTY.

Delivered at the meeting in the Summer Session.

GENTLEMEN,—Since I took charge of the wards you have had opportunities of studying three cases of acute nephritis, and to-day I propose that we shall go over them together, and see what lessons we can learn about this important affection. And first let me remark that under the common designation *Morbus Brightii*, several separate diseases must be distinguished; a good natural classification is as follows:—

I. Acute Bright's disease, acute parenchymatous nephritis.

II. Chronic Bright's disease.

- (1) Chronic parenchymatous nephritis.
- (2) Interstitial nephritis.
- (3) Amyloid disease.
- (4) Mixed forms.

The cases are briefly as follows:—

CASE I.—*Scarlet fever—Acute renal dropsy—Death.*

W. M., æt. 13. Admitted Feb. 9th, under Dr. Ross, with dropsy and shortness of breath. Was healthy a year ago. Had mild scarlet fever, and some time after it began to have severe headaches, and the feet became swollen in the evenings. In November he quit school and has been laid up ever since. Dr. Blackader, under whose care he was, states that the chief symptoms have been, up to the date of admission, headaches and dropsy, which sometimes

would become general. Urine has been albuminous, and contained blood and casts. When admitted, was pale, and had œdema of feet and legs; no fluid in abdomen; slight dullness, with râles at right base. Urine scanty, 6 ozs., smoky; sp. gr., 1020; contained much albumen, finely granular and epithelial casts, with blood cells. T., 99.5; P., 132; R., 142. Ordered milk diet, and Liq. Amm. Acet. ʒii, with Inf. Digital, ʒii. every four hours, and a few days after pilocarpine, one-eighth of a grain, which produced salivation and copious sweating. By the 17th the swelling of the legs had subsided, but eyelids were puffy; urine clear and more abundant, 50 ozs. Up to the end of the month, patient varied; on the 22nd urine was again bloody, and the loins were cupped; pilocarpine continued at intervals. Early in March was not so well. General œdema came on, with great oppression of breathing. A systolic murmur has been heard at apex for a couple of weeks. Hot air bath caused much restlessness. The urine varied much; was at times very bloody and again clear. On the 17th the œdema became more intense; urine scanty, 14 to 15 ozs.; much albumen. Was taken home on the 22nd, and died about the 1st of April.

CASE II.—Mary C., æt. 8. Admitted March 6th, under Dr. Ross, with severe vomiting, headache and slight swelling of feet and legs. Taken ill on 4th, two days before admission. Child had scarlet fever over a year ago; recovered completely, and has been strong and well since. Had mumps three weeks ago. On above day (4th), had been out and exposed; complained of boots being tight; legs were found slightly swollen. On the evening of the

5th was restless, and had headache, vomiting, and nose-bleeding.

On admission, puffiness of eyelids, moderate oedema of feet and legs, headache and vomiting. Passed 28 ozs. of urine in 20 hours; dark, smoky, large amount of deposit; sp. gr., 1015: albumen abundant. Microscope gave casts, hyaline and epithelial, and many free blood cells. Heart beat strong; a soft bellows murmur in 4th interspace, close to sternum. Had mustard and linseed poultices to loins. Next day cupped, and ordered Liq. Amm. Acet. and Inf. Digital.  $\mathfrak{ss}$   $\mathfrak{z}$ ii every four hours. By 9th, vomiting, nose bleed, and headache had stopped; oedema less; urine more abundant, 35 ozs. of same characters. Ordered hot air bath every evening. By 11th, urine 61 ozs., still dark, but not so bloody. Hot air bath has acted very well. General symptoms improved. On 13th, 65 ozs. of urine, smoky, but not very dark; contains less albumen; very few casts; oedema gone. Temperature which has ranged from 100 to 100.5°, is now normal. On 18th hardly a trace of albumen, about 62 ozs. daily, still a little smoky; granular casts. Hot air baths to be stopped, also the Digital. and Liq. Amm. Acet., and Basham's Mixture (Tinct. Ferri Muri., Acetic Acid and Liq. Amm. Acet.) substituted. On night of 20th, not so well; not so much urine, 40 ozs., and darker; many granular casts. Improved until April 9th, to which date urine ranged from 40 to 65 ozs.; sp. about 1010. On April 11th, urine again a little reddish and albuminous; child appears quite well, but is a little feverish. Went out on 13th. A few days ago she came to report herself as continuing well.

CASE III.\*—James B.,  $\mathfrak{aet}$ . 23, a well-built labourer. Admitted April 26th, with dropsy. Nothing of note in family or personal history. Has been working on the railroad. One Sunday, about three weeks ago, he went with some comrades to a village seven miles distant and drank heavily. On returning to the shanty that night he was unable to keep up with his companions, and laid down on the snow for some hours, until his friends returned for him. The next day he had a slight chill with pains

in the back and in the left side. These continued for three or four days, and he then noticed that his face was puffy, and the hands and legs began to swell. He does not remember about the urine; thinks he passed as much as usual. Had no vomiting, no headache. On admission, feet and legs cedematous, the left more than the right; face swollen. Nothing special detected in examination of heart and lungs. Tongue coated; appetite impaired. Urine—amount for first 24 hours in which it was collected, 46 ozs.; brownish red color, smoky, acid reaction; sp. gr., 1016; contains a large amount of albumen, and on microscopical examination presents red blood corpuscles and numerous casts of which three varieties have been detected—(a) hyaline, with a few scattered granules; (b) epithelial casts, or rather cylinders with round cells, resembling leucocytes; (c) blood casts, composed chiefly of red blood corpuscles. Of these the delicate hyaline casts have been most abundant. For four days we kept him in bed, on a light diet, without any special treatment and since that date he has had a couple of jalap powders to keep the bowels loose. The oedema of the face is gone, the legs are less swollen, while the amount of urine is about the normal, containing very little blood and less albumen; the urea, however, is diminished. The man has been able to walk upstairs and has done remarkably well.

You will notice that these three cases present a striking uniformity in the chief symptoms—alterations in the character of the urine, with dropsy; hence the appropriateness of the old term, Acute Renal Dropsy.

Let us now briefly review the affection, as illustrated by our cases. *Ætiology*—It is a disease of early life; the great proportion of the cases are in persons under 20, and as the years increase, the less frequently it is met with. The case of Prof. ———, who, nearly ten years ago, at the age of about fifty, had acute nephritis, and in whose continued good health we now rejoice, is an instance of the occurrence of this disease at an unusually late period of life. *Scarlet fever* and *cold* were the causes which prevailed in our cases, and these obtain in the majority of individuals attacked. It is one of the most dreaded sequelæ of scarlet

\*Report by Mr. J. R. Johnson.



fever, and as in the boy M—, not infrequently follows an attack which is so trivial as to be almost overlooked. *Diphtheria* is an occasional cause, and the other infectious diseases may at times be followed by an acute inflammation of the kidneys. After cold and scarlet fever, you will find, as practitioners, that *pregnancy* comes next in order of frequency in inducing this affection. How it does so we need not stop here to inquire, the explanations usually offered are not altogether satisfactory.

The *morbid anatomy* has been much discussed. In the early stage we do not often have an opportunity of dissecting the organs, but doubtless we would find them congested and swollen. At the period in which we commonly inspect them—from three weeks to three months after the onset—the organs are much enlarged, weigh 8 to 10 ozs., and have the appearances known as characteristic of the “large smooth kidney,” or the mottled kidney. The capsule is thin, and strips off easily; on section, the cortex is seen to be increased in thickness and anæmic, or of an opaque yellow-white aspect; the Malpighian tufts and the arterial twigs are injected, as are also the large collecting veins which convey the blood from the stellate veins of the surface. The pyramids are usually congested, and offer a striking contrast to the pale cortex. The histological changes are chiefly in the cortical parts, and consist in swelling of the epithelium, which becomes more granular, and may degenerate into a molecular *débris*, distending the tubules. Other tubes may contain blood-cells and leucocytes, with casts. In later stages, fatty changes may cause patchy opacities. Inter-tubular changes, in the form of connective tissue proliferation, have also been described, and probably always take place in cases which last several months. These have been specially described by Klein in the scarlatinal form. Bowman’s capsule and the contained glomerulus are also involved. Klebs first called attention to these changes (glomerulo-nephritis), but he believed them to be entirely of the nature of proliferation of the cells between the capillary coils. Probably the epithelial coating, as well as capsular epithelium, is affected. I pass round the Langhans plate (Virchow’s Archiv.,

Bd. 76), in which these changes are well figured.

*Symptoms.*—In the majority of cases the appearance of œdema gives the first indication to patient or doctor. In the man B—, a slight chill, with feverishness and lumbar pain, preceded the œdema. In case I, persistent headaches appear to have accompanied the onset; and in case II, which followed cold, headache and vomiting were the first symptoms. The latter is not infrequent in the early stage of scarlatinal nephritis. The most marked feature, dropsy, may vary from mere puffiness of the eyelids and œdema of the ankles to extensive general anasarca, with exudation into the serous sacs. The milder grade you see in this man (case III); the more intense you witnessed in the boy M—.

The alterations in the urine are of the utmost importance. In the early stage it is reduced in quantity, may be only a few ounces, or the secretion may even be suppressed. The *colour* is increased, usually dark red, from admixture with blood; very commonly it has a *smoky, lake colour*, very characteristic of the presence of blood, and which resembles a dilute solution of reduced hæmoglobin. The various shades of intensity of this you have had an opportunity of seeing in case III. The blood may disappear and then recur, as it did in cases I. and II. The *specific gravity* is increased at first, 1020 to 1030, owing to the relatively small amount of water. When the quantity rises to normal, the specific gravity is, as a rule, lowered. On standing, a copious sediment usually falls, reddish or reddish-brown in colour, and consisting of blood and urates. Chemically, the most striking change is in the presence of *albumen* when you heat the urine in a test tube, or add cold nitric acid. So much may be present that the urine solidifies, and 50 to 60 % by bulk is not uncommon. The *urea* is diminished in amount. In case III, the estimates made by Messrs. Renner and Gooding with Dupré’s apparatus give 28th, 46 ozs. 287 gra.; 29th, 70 ozs. 403 gra.; 30th, 55 ozs. 250 gra.; 2nd, 68 ozs. 228 gra.; 3rd, 63 ozs. 257 gra.; 4th, 56 ozs. 247 gra.

The normal amount for the 24 hours is between

400 and 500 grs., and an approach to this or an excess is a happy indication. A material reduction is to be feared, as uræmia is apt to follow.

Tube casts furnish important evidence in this disease, and their recognition is one of the earliest lessons which you should learn in clinical microscopy. Their characters have been well marked in this man (Case III.) When first examined a few well-formed *blood casts* were seen; cylinders or moulds of the tubules made up of blood corpuscles imbedded in an indifferent matrix. *Hyaline* or *faintly granular* have been the most abundant forms, very delicate and translucent, so that the inexperienced amongst you have had difficulty in seeing them; and thirdly, *epithelial casts* not very numerous, but commonly consisting of a hyaline cylinder, with a few granular cells imbedded in it. I called the attention of some of you to a form of cast, consisting almost entirely of rounded cells, like colourless blood-corpuscles—leucocytes; this, Dr. George Johnson believes, is a variety met with when a glomerulo-nephritis is present.

The varied course of the disease is well illustrated by the first two cases, one of which went from bad to worse, while the other rapidly improved. The first six months in the majority of instances concludes the case one way or the other. Not that recovery is impossible after this date, but it is more uncertain, and the chance is great of permanent damage to the organs and of the establishment of chronic parenchymatous nephritis. The favourable signs are diminution and disappearance of the dropsy, increase in the amount of urine, with reduction in albumen and maintenance of normal urea excretion. In the most rapid cases three or four weeks at least are necessary before the condition of the urine becomes normal. I have known the albumen to disappear, while the tube casts continued. Circumstances which warrant unfavourable prognosis are long duration, persistence of the albumen in large amount, material reduction in uræa and the onset of symptoms of uræmia, some of which may be sudden and rapidly fatal.

What are the indications for treatment? Mild cases would probably recover; indeed

have done so, left to nature. Case III. received no special treatment for four days, and improved during this time. The rest in bed, recumbency, and the quiet do much, but there are few cases which do not call for active interference. In the early stages, where the congestion of the organ is marked, the urine reduced in amount and bloody, and the lumbar pain present, dry cupping the loins and warm fomentations do much good, acting as derivatives. You know on general principles that the first thing to be done with an acutely inflamed organ or part, is to give it, if possible, functional rest. With the kidneys this is impracticable, but we can relieve and assist them in various ways. A spare diet and rest diminish the amount of solid materials to be excreted. Purgatives and diaphoretics call to aid the bowels and skin, which supplement the action of the kidneys, and, as it were, help them in a friendly way when they are disabled. In the early stages and in mild cases, there is no necessity for severe purgation. Keep the bowels loose by a daily dose of Glauber's Salts (Soda Sulph.  $\frac{3}{4}$  ss.), and perhaps an occasional Jalap purge (Pulv. Jalapæ Co.  $\frac{3}{4}$  ss.). In the more chronic cases, where the dropsy is great and uræmia threatening, hydrogogue cathartics will be of great service. Of diaphoretics, the one in common use and most efficacious is *jaborandi*, or its active principle, *pilocarpin*; of the former may be given *mx* of the Fl. Ext. every two hours until copious sweating is induced; of the latter a hypodermic injection of  $\frac{1}{16}$  to  $\frac{1}{8}$  gr. But of all measures at our disposal to produce sweating, the *hot air bath* is, in my experience, the best, the easiest employed, and has the additional advantage of being in many instances a diuretic, so that after a most copious sweating the amount of urine for the twelve or sixteen hours subsequent may be actually increased. On our return to the ward we shall give our patient B. such a bath that you may see the ease with which it is applied. Some of you may remember two sessions ago the case of a little girl in the children's ward with acute renal dropsy, and how admirably the air baths acted without any medication. The *warm baths* are much used in some hospitals, but they are inconvenient. The *wet pack*, wrapping

in a wet sheet and rolling in blankets is unpleasant for the patient, and has no special advantage. What about diuretics? In the early stage, with active congestion and bloody urine, no; but later they may be advantageously employed, and good fresh water may be taken freely and often answers the purpose. It is of importance to keep up the amount of urine for two reasons; first, the larger the quantity the more solid matter will be removed; and second, the *tubuli uriniferi* are thereby flushed (Dickenson), the *debris* washed out, and *choking* of the renal drains is in this way prevented. If a special diuretic is indicated, the Inf. Digitalis as used in cases I. and II. may be given. The diet should be light and nutritious; not much meat. Milk is much used in these cases, and the diet may be restricted to it as in case I.

#### OVARIOTOMY.—FIVE CASES.

DR. W. T. AIKINS, TORONTO.

Case No. 1.—Under care of Dr. George Hodge. Miss H., of Mitchell, Ontario, æt. 30, greatly reduced in health and strength by a peritoneal inflammatory attack. Was tapped Oct. 16th, 1880, as a means of gaining time, affording relief, and effecting a general improvement in her condition. 1880, Oct. 29th.—Health considerably improved. Operated at her home in Mitchell, ably assisted by Drs. Hodge and Lehman. Multilocular right ovarian cyst removed. Adhesions anteriorly and to the omentum, somewhat extensive, though yielding readily. Pedicle cauterized. Several bleeding points in omentum tied with carbolised catgut. Owing to oozing from abdominal walls, and to some of the cyst contents falling into the abdominal cavity, the pelvis and adjoining peritoneum were very carefully sponged, and glass drainage tube inserted. Deep sutures of silkworm-gut (embracing skin, muscle, and peritoneum), and superficial intervening ones of catgut—Lister's dressings.

Temperature at midnight, 100.5° F. (highest); fell to 100° on first, and to normal on second day. Pulse four hours after operation 128, twenty-four hours later 114, second day 84. Very slight vomiting towards evening, urinated

freely at 8 p.m. Was given  $\frac{1}{4}$  gr. morphia. Passed comfortable night. For twenty-four hours following operation had no food and only a few teaspoonful of hot water. Sponge over drainage tube found wholly free from fluid at each of the early dressings, tube therefore removed. Patient made a rapid recovery and is now in good health.

I feel under great obligations to the care and good judgment of Dr. Hodge in the management of this case.

Case No. 2.—Miss W., Toronto, æt. 22, patient of Dr. Thomas Hobley. Abdominal enlargement first noticed in the winter of 1879-80; health began to fail in spring; in summer was confined to house and bed. For many months preceding operation patient almost waxy pale, emaciated, very weak, and suffering from amenorrhœa and elevation of temperature. Was tapped by Dr. Hobley about October 16th, 1880; a decided improvement in her health resulting.

November 6th, 1880.—Operated at her own residence in Toronto, assisted by Drs. Hobley, U. Ogden and Watt. Multilocular tumor of left ovary removed; pedicle cauterized; troublesome oozing from adhesions, high up anteriorly, necessitating extension of abdominal incision; drainage, sutures, and dressings as in previous case. Patient was placed in bed pale and weak; foot of bedstead raised fifteen inches. Temperature on November 6th, 7th, and 8th, 100°, 101°, 9th falling, 10th normal. Pulse for three days following operation from 150 to 130, fourth 112; sixth day 105 and falling.

Nine hours after operation had  $\frac{1}{4}$  gr. morphia being restless and wakeful. No vomiting at all; no food, and only one ounce hot water for twenty-four hours. For several days dark coloured serous fluid continued to come up through drainage tube, necessitating the change of the sponge.

On second day was ordered quin., sulph., gr. ij. and tr. digitalis, m. xv—ter. in die. Bowels moved for first time on sixth day. Patient improved slowly.

May 20th, 1882.—Patient to-day is "better than ever before in her life."

Case No. 3.—Mrs. H. G., Harriston, æt. 38.

January 4th, 1882—Examined, and found single ovarian cyst, present over two years; growing rapidly during last six months; no oedema in lower extremities; no vomiting; tumor apparently uniform. Pulse and temperature normal.

February 28th, 1882—assisted by Drs. U. Ogden, A. H. Wright, and I. H. Cameron, operated in private boarding house, Toronto. Single cyst of left ovary removed; entirely free from adhesions, pedicle cauterized; no drainage tube; Lister's dressings. Temperature at midnight 99·4, first day 100° to 101° (highest) second day 99·8, fourth day 99, subsequently normal. Pulse ranged for first four days from 90 to 100, falling afterwards. Respirations slightly increased for a day or two. Morphia, food, and drink as in other cases. Patient continued to improve.

April 25th, 1882.—Her husband writes me, "Mrs. G. is improving in strength, and has been out to church."

Case No. 4.—Miss E. S., æt. 30, County of Bruce. Health became impaired in July 1881; had had "inflammation of the bowels" before that. Has been losing flesh and is of poor colour. Admitted into Toronto General Hospital under my care, January 1882, with subacute peritonitis, tenderness on pressure; temperature 101°; kept her bed until all tenderness had subsided, and temperature was normal.

March 7th, 1882.—Operated in a private ward in the Toronto General Hospital. Pedicle in this case about ten inches in length, lying along anterior and upper surfaces of cyst, and adherent throughout, a condition apparently due to the tumor having at an early stage in its growth, when by gravity it lay in Douglas's pouch, contracted very firm adhesions, to a portion of the floor of the pelvis, and to the whole of the posterior wall of the uterus. This portion of the cyst was not removable; was severed from the rest of the tumor, its edges secured against hæmorrhage, by ligatures and then made to surround a drainage tube placed in its cavity, and finally stitched to the edges of the incision in the abdominal wall; a second drainage tube inserted into peritoneal cavity, reaching to floor of pelvis;

pedicle tied with silk; sutures and dressings as in other cases. Temperature for 36 hours satisfactory; afterwards it rose steadily. Pulse immediately following operation 120; did not afterwards fall below this. Nutrient enemata were given and retained from very shortly after operation every two or three hours, causing no inconvenience, but relieving thirst. Some unavoidable hæmorrhage at time of operation, none afterwards; no vomiting; shock from operation not great; patient died sixty hours after operation. Post-mortem revealed full evidences of peritonitis.

Case No. 5.—Mrs. T., of Dunsford, æt. 31; at present a patient of Dr. W. W. Ogden, of Toronto. Married February, 1877. In December 1877, when seven months pregnant with first child, had a severe fall, followed shortly afterwards by a premature labor. In June 1878 was noticeably stouter than she should have been; in April 1879 was confined with full-grown child, but her "size was very little smaller after labor than before;" in September, 1880 was again delivered at term, but "after the labor was nearly as stout as before it;" in 1881 was tapped by her medical attendant in Lindsay; in March 1882 was again tapped by Dr. W. W. Ogden, of Toronto.

April 25th, 1882.—Assisted by Drs. W. W. Ogden, U. Ogden, Sweetnam, and H. W. Aikins, removed multilocular ovarian cyst, one cyst largely predominating; pedicle very short; cauterized; parietal and omental adhesions anteriorly separated by tearing, with little subsequent oozing; drainage, sutures and dressing as before. Temperature for first 24 hours 100°, 101°, second day from 101·2° (highest) to 99·6, for six or eight succeeding days it ranged between 100° and normal. Pulse for first two days in neighbourhood of 108, third day 90, fourth day 80. Respirations for several days; slightly increased in frequency. For 24 hours following operation: no vomiting, no straining; no retching, no anodyne, no food, no drink; and patient generally comfortable. At first dressing sponge over drainage tube saturated with fluid; pelvic cavity very gently washed out with carbolic water; on second and third days sponge free from fluid,

though some withdrawn from Douglas's pouch; fourth day sponge and tube removed; fifth day enema to act on bowels; seventh day some sutures removed, eleventh day the balance. Patient now (May 20th, 1882), twenty-five days after operation has not had one unfavourable symptom, is sitting up some every day, eating heartily, gaining in strength, and feeling in every way comfortable.

These cases constitute the last five upon which I have operated, and have been selected as having occurred subsequent to my first witnessing the use of the cautery by Mr. Keith, of Edinburgh, in the early fall of 1880, though, through the kindness and courtesy of London surgeons, it had been my privilege previously to see ovariectomies by Spencer Wells, Bryant, Bantock, Thornton, Sydney Jones, Carter and Croft.

In the four successful cases above narrated Baker Brown's Clamp was employed till after the cauterization; and the satisfactory progress in these cases endorses the views held by Mr. Keith so strongly in favour of the cautery. In these four cases I believe Lister's antiseptic treatment was in every respect faithfully carried out. The fatal case was a very severe one, and might have terminated fatally, even if antisepticism in the treatment had been perfect, which, I regret to say, though through no fault of my own, it was not.

One is a little surprised at the slight elevation of temperature and pulse following the tearing asunder of adhesions and the return into the pelvis of the tissue embraced between the blades of the clamp, killed and so dried by the cautery on the surface of the clamp as to resemble in colour and thinness a fish's fin, one quarter inch wide and two or three inches long.

In each instance ether was administered and it is satisfactory to know that in none of the cases was there any unpleasant disturbance of the stomach, a fact which may, in part, be attributed to the absence of food from this organ for many hours preceding and following the operation. Bleeding points were secured with carbolic catgut ligatures or by torsion.

The pelvis in some instances was very care-

fully sponged, so as to leave it as far as possible perfectly dry.

Drainage was provided for by the use of perforated glass tubes through which any fluid in the pelvis could pass up to be absorbed by the sponge, or withdrawn by the syringe, and through which, in addition, carbolic water could be injected, and subsequently removed.

In closing the external wound, deep sutures of silk-worm gut, and superficial intervening ones of catgut were employed, though I believe silk thread boiled for two or three hours in a five per cent. solution of carbolic acid, and kept in the same, might answer just as well, as no suppuration whatever will take place around the threads beneath the antiseptic dressings. In the management of this class of cases a few other points of importance upon which stress may be laid are here simply enumerated:—

Antecedent tonic treatment, selection of suitable, roomy apartment, well lighted, well ventilated, and wholly free from draughts, of capable assistants at the time of the operation, of trained attendants subsequent to it, the maintenance of an equable temperature, the utmost cleanliness in every particular, and the minutest attention to details; perhaps more than any anything else in the utmost cleanliness of the hands, and the conscientious and intelligent antiseptic management of the sponges before and during the operation. No hand not perfectly aseptic should touch a sponge; no sponge not perfectly aseptic should ever be introduced into the living human abdominal cavity.

In these remarks, and in the treatment of my cases, I claim nothing new, and only urge what has already been more forcibly insisted on by the great ovariectomists of Europe and America.

— . . . —  
The *Dublin Journal of Medical Science* says:—"It is related of the late Earl of Derby, who was a martyr to gout, that on one occasion a merchant sent him a supply of sherry, informing him that as long as he confined himself to it he would continue free from his enemy; to which the statesman laconically replied that 'he had tasted the sherry and preferred the gout.'"

## SOME POINTS OF GENERAL INTEREST IN OPHTHALMOLOGY.

(Paper read at meeting of Toronto Medical Society,  
May 18th, 1882.)

BY R. A. REEVE, B.A., M.D.,

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The value of the ophthalmoscope was settled long ago, and the functions of ophthalmoscopy are already well defined. Invaluable to the ophthalmologist, the eye-mirror is of undoubted service to the general practitioner, both for purposes of diagnosis and the study of morbid processes which may elucidate those beyond direct observation. The relation of diseases of the eye to those of other parts of the system, and various points in ophthalmoscopy having been brought up from time to time in our meetings, a brief consideration of them must suffice on this occasion.

Optic neuritis, retinitis, and atrophy of the optic nerve are the principal morbid conditions at the fundus claiming general attention now-a-days. It is worthy of note that there may be excellent vision with double optic neuritis, and in neuritis, retinitis, and choroiditis pain (ocular) is generally absent, as also objective symptoms. Double optic neuritis\* depends generally upon coarse intra-cranial disease, as tumor, meningitis, syphilitic growths, &c., but gives no sign as to the extent, nature, or site of the mischief; and the latter may last for months or years before lighting up the neuritis, which again may be transient. Rarely, brain trouble causes only one-sided neuritis, but the latter is generally due to orbital changes. Occasionally double optic neuritis occurs in morbus Brightii with cephalalgia simulating that from brain-tumor, &c. Acute myelitis may also set up neuritis. Cerebral disease does not always do so.

There is generally impaired sight in optic neuritis, and though this may improve, it generally deteriorates as secondary atrophy sets in. The latter may be somewhat difficult in the later stages to distinguish from primary atrophy, which is most often due to diseases of

the brain and spinal cord, as locomotor ataxy, lateral, and insular sclerosis, and hydrocephalus, &c.

It is almost beyond peradventure, that alcohol and tobacco, singly or combined, used in excess for a length of time, will induce congestion or a low grade of inflammation of the optic nerve with secondary atrophy, and more or less marked amblyopia. (Abstinence and strychnia, with or without electricity, generally issue in recovery.) Lead poisoning may also induce optic neuritis ending in atrophy. It is now undoubted also that in some subjects quinine taken in large doses at short intervals will cause temporary blindness or great impairment, and also a permanent contraction of the field of vision. Though the etiology of the affection is obscure, it is well known that there is a characteristic (though not pathognomonic or constant) retinitis in morbus Brightii. There is a hæmorrhagic retinitis due to various causes, as malarial fever, thrombosis, &c., and which may also be the precursor of similar but much graver changes in the cerebral mass. Syphilitic iritis cannot easily be overlooked, but as specific neuritis, neuro-retinitis, and retino-choroiditis may develop insidiously without external symptoms or general manifestations, any complaints of syphilitic subjects as to failing sight merit prompt attention. Neuro-retinitis may also occur in diabetes, leucocythæmia, progressive pernicious anæmia, &c., and in the two latter is often of hæmorrhagic type. Embolism of the central artery of the retina causes opacity of the retina from œdema (or lymphoid infiltration), and blindness. Suppurative choroiditis or panophthalmitis, with loss of the eye, may occur in cerebro-spinal meningitis, phlebitis, low fevers, &c. It is well known that paralysis of one or more of the ocular nerves with variable strabismus (and double vision) may be due to basilar meningitis or less serious central trouble. A transient paresis of one or more of the ocular muscles sometimes precedes, even by a term of years, locomotor ataxy and general paralysis of the insane. Paralysis of the sphincter iridis and loss of accommodation are also sometimes premonitory symptoms. Dilatation of the pupil (mydriasis) is found in diphtheria, insanity, meningitis, hydrocephalus, cerebral

\* The term "papillitis" is now used for "optic neuritis," "swollen disk," "choked disk," &c.

tumors, amaurosis; also in cases of intestinal worms. It is a symptom of inflammatory glaucoma and is generally present in confirmed glaucoma and intra-ocular growths; it is induced by blows upon the eye, and the use of certain agents.\*

Contraction of the pupil (myosis) is due especially to lesion of the cervical spinal cord, and may be due to meningeal irritation or incipient meningitis. Paralysis of the cervical sympathetic also causes it (or rather non-dilatability), as well as the act of accommodation and some drugs.† Inactivity of the pupil under varying degrees of light is often found in locomotor ataxy, with or without myosis, but with contraction during accommodation. Contraction of pupil induced by opium need not be dwelt upon.

#### OPTICAL DEFECTS, ASTHENOPIA, STRABISMUS.

In the case of so delicate an organ as the eye, it is not unnatural to suppose that if the sight be good and the eye apparently healthy there cannot be much amiss. As in other instances appearances are deceitful, and leaving out of count at present that vision may be perfect and the eyes functionate well with (double) optic neuritis, an optical defect may exist in an organ the perfection of beauty; and there may be weakness, so-called insufficiency, of one or other of the recti, though there be no squint, and the various ocular movements are properly made.

The normal eye is so constructed that distant objects within its ken are seen without effort, i.e., with the eye (or ciliary muscle) in a passive state; and by what is termed the accommodative effort, effected involuntarily, viz., by contraction of the ciliary muscle, relaxation of the zonula, causing or allowing increase of thickness and of focal power of crystalline lens, near objects are also seen distinctly, and this accommodation can be kept up for hours at a

stretch with the delightful unconsciousness of one's having eyes. The latter implies also proper innervation of the internal recti, by which the convergence of the optical axes necessary in near work is effected, and a certain relation between the external and internal recti, and that there shall be no disturbing extrinsic causes.

Now, given the typical eye, whose depth, or antero-posterior axis is, say 25 mm., and there are two principal departures from the normal (standard): in one class the globe is too shallow, the axis too short—the far or oversighted, or hypermetropic eye; in the second, the globe is too deep, the axis too long, the shortsighted or myopic eye.

Since in hypermetropia some accommodative effort is required even for far vision and ordinary purposes, the ciliary muscle is never at rest, and there is also an extra strain upon it at near work, conscious effort is soon evoked, and more or less discomfort (which can only be relieved or prevented by the use of convex glasses.)

In myopia good far vision can, of course, only be had by means of concave glasses, and as the eye in a passive state is adapted for *divergent* rays, i.e., for near work, accommodation has, in certain cases, to be suspended while convergence is kept up, a divorce of correlated functions which is apt to cause trouble. There is a third kind of optical defect, astigmatism, in which owing to an abnormal curve of the cornea (or lens), different meridians of the eye have different refractive powers, and in some instances so great is this difference that the eye proves to be both shortsighted and longsighted at the same time. Peculiar cylindrical lenses are required, the ordinary spherical not meeting the indication.

Again, relative or absolute weakness of the internal recti (shown by inability to fix both eyes together upon an object brought up close in the mesial plane), renders prolonged adduction, as in reading or other close work, irksome or impossible, especially if there be general debility, or uterine or ovarian disease, hysteria, &c., which, in turn, induce also weakness or disorder of the ciliary muscle and impaired accommodation.

\*The list of mydriatics is on the increase, daturine, hyoscyamine, duboisine, and homatropine hydro-bromate being now employed, but atropine (atropine sulph.) is still by far the most generally available.

†Eserine, the principal ingredient of calabar bean, is a powerful myotic, and pilocarpine, of jaborandi, is a valuable one; and both reduce tension, especially eserine.

In *presbyopia*, the failure of the accommodation of middle and old age, due to physiological drying, hardening and inelasticity of the crystalline lens (not to flattening of the cornea), the resort to convex glasses which shall enable one to read small print at 12 to 15 inches, is too often deferred from prejudice until a great deal of unnecessary discomfort has been felt.

The facts thus briefly cited explain, in great measure, the large number of cases of what is styled *asthenopia*, or weak sight, the prominent symptom of which is, more or less discomfort or sense of painful fatigue in and about the eye, on and after engaging at close work (more especially); other signs or symptoms being blurring of print, confusion of sight, inability to sustain the use of the eyes at near work, sensations of heat or smarting in eyes or lids; often also hyperæmia or a slight chronic inflammation of the edges of the lids which resists ordinary remedies unless the cause is removed. Pain in the region of the eye felt *only* on or after taxing it, points to an optical defect, or muscular weakness. Frontal headache is not unfrequently due to one or both of these causes. Indeed, the cephalalgia is occasionally of so serious a nature as to excite suspicion of cerebral mischief. Some notable cases in point were published some years ago by S. Weir Mitchell (and many are on record), in which relief was only had by correcting, by proper glasses, the optical defects present. What may be termed *reflex asthenopia* is perhaps the most annoying and often the most difficult to relieve, in which with too slight optical defect or muscular weakness, it may be, to account for the symptoms, there is some extrinsic cause at work, as uterine, ovarian, prostatic, &c., trouble, or 'neurasthenia,' or hysteria (which may in some sense be regarded as perverted nervous energy).

A few words further on optical defects and the related subject of strabismus:—

#### HYPERMETROPIA.

Hypermetropia is quite common, and is detected by the fact that, as a rule, far vision, though apparently normal, is not rendered worse by convex glasses, (except in cases referred to below); and if defective, is decidedly improved or rendered normal thereby. A

certain flatness of the face is suggestive of it, as also a distinct space between the globe and outer canthus.

When it is of high degree far vision may be bad (simulating myopia, it may be), and if good is had at too great a strain; and as the defect is *congenital* as well as *hereditary*, many young subjects, contrary to the general opinion, require to wear convex glasses constantly to see distinctly and with comfort; sometimes, indeed, as strong as those ordinarily worn by persons set 70 for reading, &c. In lesser degrees of the defect the aid of convex glasses is only needed during close work; and when there is some special cause of enervation, as sickness, lactation, worry, &c., they may only be required temporarily.

In unrelieved hypermetropia there is often retinal hyperæsthesia, and the ophthalmoscope shows congestion of the optic nerve and retina. Sometimes, also, spasm of the ciliary muscle ensues, and there is a pseudo-shortsightedness, concave glasses improving far vision, and yet affording no relief or proving worse than useless. It is in such cases, more especially, that atropine and other agents, which paralyze the ciliary muscle and reveal the actual refractive condition,\* are made use of in repeated instillations before testing with lenses, the ophthalmoscope not yielding sufficiently trustworthy results though enabling one to gauge the refraction pretty closely in many instances.

It is well known that the ciliary muscles and the internal recti functionate together. Now, the extra tension of the former, incidental to the shallow or hypermetropic eye, is almost necessarily accompanied by undue contraction of the internal recti; and this is the main element in the pathogeny of convergent strabismus, two-thirds of the cases of which are due to hypermetropia. Primary or congenital anomalies in the ocular muscles are also common causes of convergent strabismus, and opacities of cornea or lens occasional ones; but those assigned by the laity are often only supposititious.

\* Atropiæ Sulph. gr. iv. ad ʒj aq.; Duboisii sulph. gr. ij. ad ʒj; Hyoscyamiæ sulph. gr. iv. ad ʒj; and Homatropine Hydro-bromate gr. vj. ad ʒj, are in use, and have their respective merits, but as yet the most widely used if not the most reliable is the Atrop. Sulph.



The periodic convergent squint of childhood, which is generally due to hypermetropia, and is observed when the eyes are engaged on near objects, can be corrected, and sometimes also prevented from becoming confirmed, by the use of atropine to annul the effects of the ciliary muscle, or by the use of convex glasses to correct the optical defect, or by both.

When, however, the squint is fully confirmed, it is desirable to restore the parallelism of the optic axes, even at an early age. The sight of a squinting eye is generally quite defective. Reasoning by analogy it is natural to attribute this amblyopia to the mal-position, and though the view is gaining ground that squint is, rather, determined by a congenital or precedent amblyopia, the practice of deferring the operation until puberty or later should not be followed. It will be seen that there is something more in the treatment of strabismus than the mere tenotomy, (indeed, the latter may be unnecessary, correcting glasses sufficing); and in all cases the refractive condition should be learned with a view to intelligent treatment.

#### MYOPIA.

It should be borne in mind that the ellipsoidal shape of the myopic eye is not due to bulging or undue convexity of the cornea as is often supposed, but to a process, more or less morbid, of thinning and extension of the posterior two-thirds of the sclera. In the very highest degree the eye is about  $8\frac{1}{2}$  mm. longer, that is, deeper than the normal, and not uncommonly it is from  $2\frac{1}{2}$  to 4 mm.

Myopia may be congenital, is frequently hereditary, and is often acquired, (generally before the age of 20). The latter fact cannot be too widely known. The most potent cause probably is prolonged or oft-repeated straining of the eye at close work, especially in those of subnormal vitality, lax fibre, &c., excessive tension or spasm of the ciliary being set up, and finally permanent organic changes developed. The popular idea that shortsighted eyes are inherently strong, is fallacious and mischievous. The myopic eye is often a weak and irritable one, prone to increase of the defect and to the development of secondary changes in the retina,

choroid, &c., which imperil the sight. Few cases in ophthalmic practice give one more anxiety than those of progressive myopia, with retino-choroidal changes and vitreous opacities (sclero-choroiditis) and tendency to detachment of the retina, of which it is the largest factor.

As myopia is so common, and is largely on the increase in civilized countries, prevailing especially in cities and towns, and amongst those at educational institutions, seats of learning, and literary centres, the importance of prophylaxis will be apparent; too early attendance at school should be interdicted, precocity should be held well in check; schooling should be, more than it is, the instructing young folk how to learn rather than the gaining from them a mass of facts which, too often, have not been really taught, but largely acquired (in some fashion) during extra hours at home. The stimulus to eye-strain as well as brain-work, offered by the systems in vogue of competition, prize-giving, promotions, &c., should be kept within more healthy bounds; a ban should be put upon undue taxing of the eye in any way, especially in young subjects; and poor light, bad and small print, 'cheap' books, and badly planned desks, &c., should be banished from our school-rooms. The *early* resort to suitable correcting glasses undoubtedly tends to prevent the progress of the defect, and the development of divergent squint, 60 per cent. of which are due to myopia. And, contrary to popular belief, it is often more important to adapt for ordinary wear such concave glasses as enable the very myopic to read or work at ordinary distances, use both eyes together and without stooping, than those which would afford the best far vision, but would be too strong for near work.

In the case of weakness or insufficiency of the internal recti, which generally occurs in myopia and aggravates the disability and the tendency to passive divergence, and later, to confirmed squint, electricity suffices in some instances to energize the muscles; but more often the glasses which correct the optical defect are required, or possibly prisms have also to be worn, and occasionally tenotomy of the external recti resorted to in order to restore the balance of power, even though there be no actual squint. And, lastly, in some instances, a course of systematic ocular gymnastics has to be carried out with care and perseverance.

(To be continued.)

## DIPHThERITIC CROUP, TRACHEOTOMY.

BY ANGUS MCKINNON, M.D., GUELPH.

Case 1. W. B., aged 3 years. It was noticed on the 22nd of June that he had lost his voice completely, though he appeared quite well in all other respects. On the 24th he had slight fever. Temp. 100°, pulse 96, croupy cough and some difficulty in breathing.

On the 26th strangulation seemed so imminent that tracheotomy was indicated as affording the only chance for the child. In this view, Dr. Howitt, who saw the case with me, fully concurred, and after putting the patient under the influence of chloroform a double silver tube was put into the trachea. As soon as the trachea was opened, the violent spasm of cough that always follows the free entrance of air, threw out several pieces of membrane. He soon became quiet, and was able to take abundance of nourishment. On the ninth day it was found that the use of the tube could be dispensed with. By the fifteenth day, the child was convalescent, though he still had a little hoarse cough, and could only speak in a whisper. On the 23rd day the wound was completely healed, and by making a special effort he could speak out loud. He had no cough remaining. In the case of this patient, there was very little external swelling, and only two small patches of membrane could be seen in the pharynx. The preceding week an older child in the same family died strangulated, having suffered a few days from the ordinary symptoms of croup.

Case 2. W. A., aged 6 years. On June 28th this little patient was found in high fever, the two tonsils, uvula, and the greater part of the pharynx covered with thick membrane. He also had a croupy cough, though the respiration was not at all embarrassed. Next day the voice was extinct. He had violent croupy cough, the breathing was labored, the sternum heaving with each effort, the lips and nails were blue. It was decided to operate at once, and with the assistance of Drs. Haskin and Cowan, tracheotomy was performed. During the first five days, he coughed up through the tube

pieces of thick tough membrane occasionally. In this case considerable difficulty was experienced in maintaining easy respiration, notwithstanding the frequent removal of the inner tube and the most thorough cleanliness. It would appear that tough mucus collected in the trachea just below the end of the tube,—though both tubes were removed, there was no relief. The difficulty did not come on suddenly as if due to spasm. It was first noticed that the respiratory act was prolonged, soon it became whistling in character, and finally the child was almost asphyxiated. Having removed the tubes, I passed down several feathers, a camel's hair brush, etc., but though cough was caused, his condition was only aggravated. Having no better instrument at hand, I used a long hairpin suitably curved, which I passed through the wound, at least an inch further down the trachea than the tube extended. By this means I fortunately dislodged a large mass of pasty, mucopurulent matter, and the cough caused by the instrument expelled it through the wound. Immediate relief followed, and after the tubes were reintroduced the respiration again became easy, free, and regular. Several attacks of a similar character occurred, but relief was obtained each time by persevering in like measures.

The membrane disappeared from the tonsils about the 6th day, but not from the uvula till the 9th day. About the same time the external swelling subsided. On the 8th day, and before the membrane had wholly disappeared from the uvula, it was noticed that he had difficulty in swallowing, due no doubt to paralysis of the muscles concerned in deglutition. Much of anything he tried to swallow passed into the trachea and was coughed out through the wound. The pulse became irregular. He had occasional vomiting. He became gradually weaker, and died on the 15th day. The use of the tube was discontinued on the 9th day, and there was no difficulty in breathing. There was no pneumonia, and only slight bronchial catarrh. Though this little patient died from exhaustion, yet by saving him from immediate strangulation the operation was successful. It is well known that death occurs occasionally in diphtheria, even when there is

no laryngeal complication. Without the operation, so far as could be judged, he could not live more than a few hours. Relieved by it, he gave promise of recovery, till about the ninth day: after that it was evident that he would die.

Case 3. R. H., aged about 4 years. On the 19th Oct. this boy had labored breathing and stridulous cough. On both tonsils small patches of thin membrane could be seen. For several days previously he had this cough, but was playful and ate well. On the 21st the cough became very dry, ringing; the respiration labored, the sternum heaving with every breath, at times the dyspnoea was urgent. After careful consideration and consultation with Dr. Brock it was decided that tracheotomy could not safely be longer delayed. As soon as the trachea was opened several pieces of tough membrane were forcibly coughed out of the wound. Here, as in the second case, great difficulty was experienced in keeping the trachea free and open. The respiration, after continuing easy and free for hours, would become slightly prolonged, then whistling, and soon the child would almost strangle. Removal of one or both tubes gave no relief. The only way of relief was by carrying something down into the trachea beyond the tube, to dislodge a pasty concretion that had gradually collected there. When this was coughed up he would breath freely again for hours. In this manner this little patient had several narrow escapes from strangulation during the first five days after the operation, but after that, a free catarrhal discharge occurred, and the respiration continued unembarrassed. The use of the tube was discontinued on the 8th or 9th day. He could use his voice from the 7th day. In two weeks he was really well, though the wound was not entirely healed until a few days later.

In the management of these three cases, the same treatment was carried out. The air of the apartment occupied was steadily maintained at a temperature of about 80°—85° and kept moist by steam. The vapour from a hot solution of lactic acid was inhaled at short intervals; and in the second case, the solution was freely applied to the pharyngeal deposit.

In the first case, there was absolutely no medication after the operation, because the struggles of the child against taking medicine produced such violent cough, that it was thought advisable to leave it alone. In the second case a mixture containing iron, quinine, pot. chlor., and glycerine was given regularly till the difficulty in swallowing occurred. Abundance of nourishment was given at short intervals to each patient, and stimulants to the second and third, but not to the first for the same reason that no medicine was given.

### A CASE OF SPINAL CURVATURE.

BY GEORGE A. TYE, M.D., CHATHAM.

This case contains nothing new, but illustrates the value of Sayre's Plaster Jacket. It presents some rather unusual features, and may therefore be interesting on its own account.

E. A., a farmer, aged 35, in October last began to suffer pain in the region of the hip-joint, extending at times below the knee, and most severe in the calf of the leg. He became unable to move about without crutches, and general health rapidly declined. Three physicians, I was informed, had, in succession, diagnosed and treated sciatica, without any relief, even temporary. I saw him first, March 27th last, and found him emaciated—a worn, cachectic appearance, and afraid to move. The pain in the left leg very severe and persistent,  $1\frac{1}{2}$  inches less in circumference than its fellow. When in the erect position the gluteal muscles of the painful side hung like a bag, so that it appeared like an accumulation of fluid, but no fluctuation was elicited by percussion. Neither pressure along the spinal column, nor the application of heat provoked pain, neither did it follow sudden downward pressure on the shoulders. When pressure was made upon one shoulder he complained. The last three dorsal vertebræ seemed slightly prominent, but this was not sufficiently marked to be certain. From the patient I learned that he was always most easy when lying down, that he could not ride in a buggy without great suffering. Both these circumstances pointed to the spine, and led me to believe that the prominence of the dorsal vertebræ was real; and consequently that the

pain in the extremity was due to injury to the cord at that point.

Generous diet, malt liquors, triple phosphates, and hydroleine were prescribed. On April 4th he was suspended, and the ordinary roller plaster bandage rapidly applied. Before it had become hardened, syncope occurred, although he was only partially suspended; he was instantly placed on his back on the floor, and extension kept up by two men from the shoulders and hips until the bandage was firm. In four days all pain was gone, and he abandoned his crutches; in a week he rode in the buggy with pleasure. In the beginning of the present month (May) he came to market in Chatham, a distance of seven miles, in a lumber waggon, and suffers no pain whatever, and his appearance evinces remarkable improvement.

The occurrence of syncope was an unpleasant circumstance. I have frequently found delicate persons and young girls suffer greatly during suspension, so that I was obliged to devise other methods of extension, and a bandage that can be rapidly applied.

The patient is placed in the prone position on a bench of two sections. The one fixed, the other movable by a screw below; the shoulders and hips are strapped to the separate sections, and a few turns of the screw make slight extension, which, together with the position of the patient, gives the spine a proper direction.

The bandage is made by taking two pieces of Canton flannel or cotton with their woolly surfaces in apposition, and then cutting them so as to exactly fit the body over the close-fitting wool shirt. Gored pieces are inserted under the arms and over the hips. The two pieces are also stitched down the centre in two lines, leaving an interval of an inch or more over the spine, that will admit no plaster, which will be freely applied to the opposing surfaces, and the free edges tacked together. The prepared bandage is now moistened by placing it in a shallow vessel with a little water, and when moistened is laid across the back so that the portion between the stitching down the centre will be over the spine. This is now easily brought into perfect apposition by applying a dry roller over the whole. This bandage

is light, stiff, and dries rapidly, and the patient suffers but little.

Surgeons are divided in opinion respecting the utility of plaster jackets in lateral curvature of the spine; some maintaining that development of the muscles, the natural supporters, is alone essential—others that artificial support is required. Both have advantages. The spine needs artificial support until the natural forces are equal to the task.

The splint first described with the hinge-joint can be removed daily by removing the roller. A system massage and muscular exercise, can be carried on every day, and this well-fitting corset re-applied. Three cases of lateral curvature thus treated have been fairly successful.

Chatham, May, 1882.

### CASES IN PRACTICE.

BY J. FERGUSON, B.A., M.B., L.R.C.P., ETC.,  
Assistant Demonstrator of Anatomy, Toronto School of Medicine.

#### INTERMITTENT NEURALGIA.

Under this name I intend recording two cases. I had some doubt as to what name should be given to them, and adopted the above.

Mr. Fortune, aged 55, called one forenoon to see me. He said that he had suffered intensely with headaches for about a year. He has always been a sober man, and never lived in any locality where malarial poison was prevalent. His present trouble began simply as an inability for application to his work as a carpenter. He has a good deal of drawing and calculating to perform, and for this he now finds himself totally unfit. His mind is so weakened that the least mental effort is too great for him. He has scarcely resolution enough to take his medicine.

When in my office one of his headaches came on. It was violent indeed. He moaned deeply, his brows were firmly knit, and he trembled from head to foot. The attack lasted about half an hour. I gathered from the patient that these attacks came on from two to three times a day, and would often seize him in the midst of a meal, or when out on the street.

Quinine in pretty large doses was ordered, but did not give very good results. Lately the patient has been in the habit of taking chloral to procure sleep; but gave this up at my suggestion. Afterwards quinine in small, frequent doses was given in the following manner: The fingertip is to be pressed against the dry powder, and the amount thus lifted to be taken every ten minutes or so. When used in this way it seemed to accomplish much more than when given in larger doses at longer intervals.

The other case was one that was treated at the out-department of the Royal Infirmary of Glasgow, in October, 1880. The general history was very much the same as that just given. He was ordered *syr. ferri phosphatis c. quinia et strychnia*. How the patient did I cannot say, as he passed from my notice shortly afterwards. In my own case there were no apparent curative results, though the symptoms were greatly relieved by the quinine.

The feature of importance in these cases is, that from some detailed accounts given by British, French, and German observers, they almost invariably end in cerebral paralysis; and that these violent attacks of headache, occurring frequently and suddenly, and lasting for a short time, while at the same time no definite cause can be found, are very suspicious omens of the serious disease first named.

Postmortems performed upon persons so affected, and who may die from accident or some inter-current disease, would likely throw much light upon this interesting condition; and one which, perhaps, is not very uncommon if a general consensus of medical opinion could be obtained.

#### ACNE VULGARIS.

It is well known that this is anything but an easy trouble to deal with. Recently I have had three well marked cases under treatment. In one of which the amount of suppuration was very great; and the entire neck burrowed in all directions beneath the skin. These cases were treated locally, by lancing regularly all the acnous, swellings, and using hot fomentations to promote bleeding. Internally calcium sulphide was given in gr. ss. doses four times a day. The part of the treatment that appeared of decidedly most value was the thorough

application of iodoform. It was ordered as an ointment. *Iodoformi, 3ii; vaselineae, 3j*, to be rubbed in thoroughly night and morning, after using the hot fomentation. The effects of the iodoform in the above cases was very pleasing. Iodoform thus applied to the skin unites with the fat, and free iodine is produced. It is in turn unites with the albumen, and is thus absorbed. In this way it has certainly a local alterative action. The albuminate of iodine is also formed when an oily solution is injected under the skin.

#### A CASE OF (SO-CALLED) TROPICAL ABSCESS OF LIVER.

Under the care of Drs. W.T. Aikins and H. H. Wright, Lecturers respectively on Surgery and Medicine in the Toronto School.

Mr. B., æt. 49, weighed in health 207 lbs.; height 5 feet 8½ inches. Had always enjoyed good health except for 3 weeks in 1879, when he had an attack of jaundice, accompanied with symptoms of gall-stone. Sometime in the fall of 1881 it was noticed (about October) that he had a cough, accompanied with bronchial expectoration, and a sense of pain without tenderness, especially on deep inspiration and forced expiration, in the pit of the stomach. In the latter part of October he had night sweats; but there had been no chill, nor noticeable heat of skin. He continued to attend to business until about the middle of December when increasing weakness compelled him to remain at home. By this time his appetite was poor and he had lost flesh. He then took to bed, and jaundice of 3 weeks duration, giving the icteric tint of skin and urine, occurred. By the 10th of January he was complaining of severe pain to the left of the umbilicus, and the abdomen in this situation was found to be swollen and tender. The night sweats had increased. During all this time there had been no gastric symptoms except the anorexia; but the bowels were constantly confined. The cough and expectoration were no longer present, but he continued to lose flesh. The emaciation, pain and swelling continuing, the advice of Drs. W. T. Aikins and H. H. Wright was sought. They found him pale and anæmic with anorexia and

emaciation. Respirations 24, occasional, rare but not troublesome cough. On inspection the left side of the abdomen was round, full, and prominent; the respirations mainly thoracic; on palpation, the left lobe of liver was found to extend from the right of the mesial line downwards to Poupart's ligament, and to the left to within a finger's breadth of the anterior superior iliac spine. It was firm, smooth, and free from tenderness except at one point which was an inch and a half or two inches to the left of the umbilicus. Here for the space of an inch in diameter fluctuation could be detected. At a subsequent examination 4 days later, in the presence of Drs. Canniff and May, the temperature was, in the afternoon,  $102\frac{1}{2}$ ; pulse, 112; respiration accelerated. Patient was entirely free of jaundice and gastric symptoms. The most prominent part of the swelling was now tympanitic, thin, and evidently pointing. Aspiration was accordingly performed under the carbolic spray, and from 10 to 12 ounces of extremely foetid, thick and greyish pus were withdrawn, preceded by a quantity of foetid gas. This afforded marked relief to the breathing, and occasioned no inconvenience whatever. The sac was subsequently washed out with carbolic solution, and this was repeated daily. The appetite began to improve, and the hectic symptoms to diminish; but in the course of 10 days a cessation of improvement was observed, and it was found that another purulent collection was taking place a little below the point of the xiphoid appendix on the left side. This was evacuated, and improvement again set in with the daily injections. The left lobe of the liver constantly diminished in size, but a small amount of suppuration in two or three different places temporarily interrupted the course of amelioration, which was, however, always resumed on the evacuation of the matter. Since the first aspiration there has been a regular daily discharge of about a drachm of matter which still continues up to the 119th day, the time of writing. Patient has never been subjected to any tropical influence whatever, but has always been a pretty free liver.

The 70th birthday of Von Arlt, the Vienna Ophthalmologist, was celebrated on April 18th.

## DISLOCATION OF HUMERUS. REDUCTION AFTER TWO MONTHS.

BY S. COWAN, M.D. TOR., HARRISTON.

Your reference to the suit for malpractice against Dr. Wm. Brock, of Bismarck, recalls to my mind a case in my own practice, in the early part of 1876, which has not been hitherto reported.

Mr. D. came into my office, just about the twilight, with his arm in a sling. Without rising from the lounge where I had happened to be lying, I placed my hand on his shoulder, on his uncovering it. I at once remarked, with surprise, that his shoulder was dislocated (I mention this in this way to show how distinctly marked the dislocation was). It was an anterior dislocation, the head of the humerus being under the coracoid process.

As Mr. D. and family had previously been my patients, I supposed he had just met with the accident, there being no swelling of the part. He stated, in answer to my enquiry, that he had fallen from the railway platform. On my enquiry as to how long since (supposing it to have been only a few minutes), he surprised me by stating it happened *two months* ago. He had applied to Dr. G., who stated it was only a hurt, and gave him lotions to allay swelling, &c. When I learned that Dr. G. had been treating the case, I requested Mr. D. to get Dr. G. and we would try and replace it, and say nothing more about it, as we are all liable to make mistakes. Mr. D. at once went to Dr. G.'s office, but, as I think very unreasonably and very foolishly, the Dr. refused to come to my office, saying he would go to Mr. D.'s house. Mr. D.'s friend, who came with him, as well as myself, declined to do this as I thought I had done enough when I sent for Dr. G. to assist me.

After a short attempt (with the aid of some neighbours) at reduction. I decided to wait for Dr. Clarke, of Guelph (now of Palmerston), who had appointed to be at my office the next day on another matter. On Dr. Clarke's advice we decided to wait a few days to get pulleys.

Dr. Clarke came with these a few days afterwards, and we placed the patient on a carpenter's bench where the vices at different points

gave us good support for extension and counter extension. Dr. Clarke gave the chloroform, and, aided by his advice, I attended to the shoulder, while Dr. Crandell, of Clifford, directed the men (four in number) at the pulleys. The extension was kept up until the men stated they could hardly draw a pound more, and at the end of about twenty minutes or half an hour we had the satisfaction of seeing the head of the humerus clear of the coracoid process, and by drawing it firmly into the glenoid cavity, and holding it there (while the men at the rope pulley relaxed slowly) and pushing the arm across the chest we succeeded in completely replacing the whole, and after careful bandaging, the patient was soon able to walk to his own house. During the night some disarrangement of the bandage took place, and the head of the humerus was a little displaced. I was able, however, without assistance, to make it all right again, and it went on well without further trouble, and in less than three months the man was at work again, piling lumber, and other heavy work without inconvenience.

I do not write for the purpose of criticising any one, but in Dr. Brock's case I think it was a pity, both for the Dr. and for his patient, that a more determined effort, or at least, some effort had not been made by the two local Drs. to reduce the dislocation, seeing they recognized it *five* weeks after its occurrence. In Mr. D.'s case it was nearly, if not quite, nine weeks after dislocation when reduction was effected, so that a more determined effort than was made, even at the London hospital, might have been successful.

Mr. D. did not ask for damages, much less threaten suit, against Dr. G.

Pro. Alleyne Nicholson has been appointed to the chair of Natural History in the University of Aberdeen. Since holding a similar appointment in our Provincial University he has occupied the chair of Natural History in Newcastle and in St. Andrews. He succeeded Dr. Carpenter as Swiney Lecturer in Geology in London, and took the lectures in Zoology in Edinburgh during the illness of the late Sir Wyville Thomson.

### Selections: Medicine.

#### SCHAEFER ON A MORE ACTIVE FORM OF ERGOT.

Dr. S. Schaefer (*Berl. Klin. Woch.*, No. 21, 1881; *Der Prakt. Arzt.*, No. 1, 1882), having abundant opportunity of observing the well-known fact that the preparations of ergot at present in use are very prone to lose their activity after being kept for a short time, has arrived at the conclusion that the uncertainty in the action of the drug depends directly upon the longer or shorter period of time which may have elapsed since the crushing of the individual corns, and that a certain result can only be expected from ergot recently pulverised. To this end he has for many years forbidden the storage of powdered ergot in the "Apotheke" which he employs, insisting upon the corn being fresh ground in a mill in the presence of his messenger. This precaution (not demanded in the German *Pharmacopœia*) has had the result of obtaining for the druggist a local reputation for the excellence of his ergot amongst surrounding practitioners. The explanation is found by Dr. Schaefer in the protective action of the horny covering of the corns, which by completely excluding air from the central parts, prevents the rapid change in the sclerotinic acid, etc., which follows exposure to the atmosphere even for a short period, by which so much of the activity of the drug is lost. He believes that, by the universal adoption of this precaution, ergot would rapidly retrieve its tottering reputation. —*London Medical Record*.

STCHEGLOFF ON FARADISATION OF THE SPLEEN IN INTERMITTENT FEVER.—The author (*Trans. of the Caucasian Med. Soc.*, 1881, No. 3) relates a case in which six faradaic applications of twenty minutes long each, at intervals of three days, produced diminution of the splenic tumour, as well as rapid improvement of general nutrition of the patient. As the fever never reappeared, Dr. Stchegloff concludes that the cure was radical. [A report of forty-two cases of intermittent fever, successfully faradised by Dr. Schroeder of St. Petersburg, may be found in the *LONDON MEDICAL RECORD*, October 1880, p. 409.] —*London Medical Record*.

### TRAUMATIC TETANUS AND DEATH FROM VACCINATION.

Dr. Bates, of Columbia, reported a case of tetanus from vaccination, at the meeting of the South Carolina Medical Association (*Medical News*). Ben. Jones, a mulatto, was vaccinated, Feb. 9th, on the arm, with carefully selected humanized virus. He was again seen March 8th, when he had ordinary symptoms of tetanus. Was examined next day by Drs. Talley and Howe. A most careful inquiry into the history of the case, and a searching examination of the body, revealed nothing to cause it, except a small healthy-looking, painless ulcer at the spot where vaccination had been performed a month before. The disease advanced and caused death in fifteen days, in spite of careful treatment.

ALBERTIS ON THE DIFFERENCE BETWEEN DIPHTHERITIC AND INFLAMMATORY FALSE MEMBRANES.—Dr. Albertis (*Bollet. delle Scienze Mediche*, July 1881; *Gaz. Méd. de Paris*, Nov. 5, 1881), by treating non-diphtheritic false membrane with sulphuric acid, has obtained crystals which are insoluble in ether and absolute alcohol, but soluble in alkalis, and which he considers to be crystals of tyrosine. He has not obtained these crystals when subjecting diphtheritic membranes to the same treatment. He draws the following conclusions. Diphtheritic false membranes have a different chemical composition from that of inflammatory false membranes. Diphtheritic membranes do not contain aromatic constituents like tyrosine. The action exerted by sulphuric acid and microscopical examination suffice, therefore, he maintains, to establish the nature of a false membrane.—*London Medical Record*.

Dr. Weiss reports a case of tabes dorsalis where stretching both sciatic nerves was followed by good effects. The operation was performed on the 2nd of August and on the 22nd of October; sensation both in upper and lower extremities was normal, and the patient could walk a little without a stick.—*Wien. Med. Woch.*

THE GENU-PECTORAL POSITION IN FLATULENT COLIC.—Fresh testimony as to the value of this position was afforded at a recent meeting of the New York Obstetrical Society, when Dr. T. G. Thomas is reported to have said (*N. Y. Med. Journal*), that for a number of years he had placed patients in the knee-chest position for the relief of flatulent colic, and the efficacy of the method was somewhat remarkable. The intestines fell forward and gas began to escape almost immediately, giving the patient as great relief from her sufferings as if opium had been administered freely. He considered the point of sufficient importance to justify him in asking for the experience of the members of the Society with regard to it. Dr. Emmet said he had employed the method, and had found it very useful.

SUGGESTIONS REGARDING HYPODERMIC INJECTIONS.—Dr. C. Mason, of Peekskill, N.Y., suggests to those who use the hypodermic syringe, that when the packing on the piston becomes worn and loose, and will not readily work, to remove the small nut at the end of the piston, take half of the packing off (it is usually in two parts), and place between them a piece of chamois-skin. Cut it round, leaving it somewhat larger than the packing. He says: "It will absorb water, swell, and completely fill the barrel of the syringe. A trial of this will convince the most sceptical of its value over all devices to do away with the most annoying features connected with the use of the hypodermic syringe."—*Quarterly Epitome*.

GELSEMIUM AN ANTIPRURITIC.—Dr. Bulkley has directed attention to a very important point which is often a source of great anxiety to the practitioner, viz: the difficulty in relieving persistent and wearying itching in skin affections. He points out the drugs we certainly rely on, viz: opium, morphia, chloral, bromide of potassium, aconite, and carbolic acid, when administered internally, often fail to stop the unconscious scratching, and he was led from the known effects of gelsemium to try that drug. In certain cases he has found it decidedly efficacious. He begins with ten drops of the tincture, and, if in half an hour there is no relief, he gives twelve or fifteen drops, and so, until one or two drachms have been reached in two hours.—*Quarterly Epitome*.



### Surgery.

#### CHARCOT ON SANGUINEOUS DEPOSITS IN THE FOLD OF THE ELBOW.

Having had the opportunity of noting five cases of sanguineous effusion in the region of the elbow, and having each time seen the hæmatoma succeeded by a tumour of a cartilaginous consistence, M. Charcot (*Rev. de Chir.*) has embodied the results in an interesting memoir. His conclusions are as follow:—

1. Violence which directly affects the elbow, such as contusion, dislocation, etc., or indirectly (as sprains and diastasis), often produce considerable effusion of blood throughout the whole extent of the upper limb, and especially at the fold of the elbow.

2. The sanguineous extravasations seem to have their source in the rupture of the vessels around the joint, and especially in the tearing of the brachialis anticus muscle.

3. The effused blood is not always completely absorbed, and is transformed into fibrinous clots situated at the anterior internal side of the fold of the elbow in front of the articulation, and in the substance of the brachialis anticus.

4. The tumour thus found is as large as an egg, uneven, and of cartilaginous, and even bony, hardness. At the commencement it is independent of the bone; but subsequently may become united to the humerus.

5. The sanguineous deposits may interfere with the movements of the joint, and considerably limit flexion.

6. They generally remain stationary for a long time, and are but little influenced by ordinary treatment.

7. They may give rise to errors in diagnosis, and may be taken for exostoses of the humerus, displacement of the coronoid process, etc.—*London Medical Record.*

In the *Independent Practitioner*, for March, 1882, Dr. F. N. Otis reports eight cases of syphilis occurring in physicians, originating in infection of the finger in vaginal examinations.—*American Medical Weekly.*

THE ABORTIVE TREATMENT OF BUBOES WITH CARBOLIC ACID.—Dr. Morse K. Taylor, U. S. Army, in the April number of the *American Journal of the Medical Sciences*, publishes a paper on the abortive treatment of buboes by injections of carbolic acid.

He reports twenty cases in which he certainly obtained remarkably successful results, and he states that within the last seven years he has treated nearly one hundred and fifty cases of various forms of lymphadenitis, arising from specific and non-specific causes; and, where he saw the cases before the formation of pus was well established, he had not failed to arrest the process immediately, and allay the pain in a few minutes. His method is to inject from ten to forty minims of a solution, containing eight or ten grains to the ounce, directly into the interior of the inflamed gland.—*Am. Med. Weekly.*

WHITEHEAD ON THE SURGICAL TREATMENT OF HÆMORRHOIDS.—Mr. Walter Whitehead, in the *Brit. Med. Jour.*, Feb. 1882, p. 148, describes the method in which he performs this operation, and which, from its novelty and practical value, deserves careful attention. After the patient has been carefully prepared for the operation, he is placed under chloroform in the lithotomy position, and the sphincter ani is paralysed by forcible dilatation by the aid of the two thumbs. A sponge is then passed six inches up, to prevent any fecal discharges from coming down during the operations. The hæmorrhoids are then fully exposed and carefully dissected upwards to their highest limits, as much healthy mucous membrane being preserved as possible. The hæmorrhoidal vessel is thus left simply attached by loose cellular tissue, and, being firmly grasped by ring-forceps, is twisted until it separates. The mucous membrane is then stitched to the denuded surface at the verge of the anus, and so the open wound is closed and heals by first intention.—*London Medical Record.*

PETERSEN ON THE TREATMENT OF SUPPURATING BUBOES.—Dr. O. Petersen discusses the various methods of treating buboes (*St. Petersburg Med. Woch.*, No. 52., 1881), and

describes the plan now adopted by himself. He recommends that every inflamed bubo should be painted with iodoform-collodion and covered with a warm compress; and this, he states, is often successful in dispersing the swelling. If, however, suppuration take place, an incision is made, and the abscess-cavity scraped with the sharp spoon, after which it is washed out with a 20 per cent. solution of carbolic acid. The wound is then covered with several layers of salicylic wool, and over this a firm pad of tow covered with varnished paper. A bandage is then firmly and evenly applied, paste being also sometimes used to give greater firmness, so that the abscess-walls are kept in close and accurate apposition. In twenty cases treated by the author in this way, cure was usually obtained after one to three dressings, each being left undisturbed ten to fifteen days on an average. In one case, when the pressure had not been quite equable, a second small abscess had to be opened.

### Midwifery.

**EARACHE.**—In the American Medical Association, Dr. Jacobi remarked that closing the mouth of infants and children, and simply blowing into the nose, is often a very valuable method of relieving severe earache, and that in a number of cases he had obtained most excellent results from this procedure, the cause of the trouble probably being a catarrhal affection of the Eustachian tube.—*Quarterly Epitome.*

**LUBIMOFF ON A CASE OF INTRAUTERINE FETUS.**—At a meeting of the Kazan Medical Society (*Vratch. Vedomosti*, No. 1, 1882), Dr. Lubimoff showed a very interesting case of *fetus in fetu*. In a female child, born alive at full term, there was found a subcutaneous perineal tumour, the right half of which was dense and the left soft. On *post-mortem* examination, the author discovered that the left half of the tumour contained two cysts; the right enclosed various parts of another fetus, namely, a fully developed foot with six toes, a rudimentary upper extremity, and a stomach. Between two divisions of this tumour were found two small dermoid cysts, with cubic epithelial cells, striated muscles, pieces of cartilage, and bones (with marrow).—*London Medical Record.*

### Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—It may be of some interest in the discussion now going on about consulting with Homœopaths, to say that Dr. Wm. Clarke, now of Palmerston, and late President of the Medical Council, held a consultation on a purely medical case (I believe) a few days ago, with Dr. E. T. Adams of this town, a pure-blooded Homœopath. And far from concealing the fact, made a rather ostentatious display of it, by parading up and down the main street in company with Dr. Adams. I simply state a fact without comment. M.

Harriston, May 22, 1882.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—Though I am not disposed to make myself the champion of anyone, I like to see common fairness in all things between man and man. Your correspondent, "Junius," in stating in the May JOURNAL that Dr. Fulton was an applicant for the position of Chairman of the Provincial Board of Health, was entirely mistaken. Dr. Fulton was not an applicant (though he was urged by a number of the members of the House to become such), and therefore any allusion by him to the unfitness of Dr. Oldright had not their origin in a feeling of rivalry. It is to be hoped that you will be good enough to give this correction space in the JOURNAL which, as I am pleased to be able to bear witness, has usually manifested a desire to give fair play to all parties concerned in a difference.

Furthermore, I should like permission to say to your readers, through the JOURNAL, that the assertion in the April number that Dr. Oldright had "probably paid more attention to the subject" or subjects which are to engage the attention of the Provincial Board "than any man in the Province," is, with all due respect to him, an injustice to other members of the profession. It must be borne in mind that "State Medicine" or public sanitation, including the study of vital statistics, has a much broader and more comprehensive meaning than that too commonly associated with it, or which would confine it to a system of details

respecting sewerage, ventilation etc., or even to what would be treated of in the ordinary course of lectures on sanitary science as now given.

JUSTITIA.

[We are well acquainted with the term in its broadest significance, and quite prepared to reiterate the opinion we have expressed.—Ed.]

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

### A PROVINCIAL PATHOLOGICAL MUSEUM AND LIBRARY.

DEAR SIR,—The approaching meeting of the Ontario Medical Association would seem an opportune time to discuss a subject which has no doubt been thought of by many but seldom broached, namely, the establishment of a Provincial Pathological Museum. Were nothing else accomplished than the adoption of such a scheme, the meeting were not held in vain; rather would it be memorable for a good work begun. There is ample material already to make more than the mere nucleus of a collection which might one day vie with that of the Royal College of Surgeons. Not many years ago the major operations were largely in the hands of practitioners in our cities, but they are, more and more, being done in town, village, and country side; and valuable specimens, demonstrating at once, the physician's acumen or surgical skill and pathological problems, have been increasing from year to year, which, if collected from far and near, with epitomized histories accessible, would form in the aggregate a fitting monument to the industry and achievements of the profession. Such a collection, especially if a library were conjoined, would be ere long a point of general attraction because a storehouse of information, a bond of union, a source of pride and pleasure, of common interest and enlarging benefits to the whole profession. The records of the Divisional and other Associations or Societies of the past few years show clearly that "excelsior" is the *animus* pervading our ranks, but much good pathological material utilized it may be for the nonce, is being relegated to obscurity and practically lost. Until the Association has finally located the museum and library, the spare rooms at the official mansion of the

Council could possibly be had for the asking, and the worthy registrar secured as its custodian, if not actual curator. The suggestion may also be ventured that such museum would be an appropriate resting place for the many models and varied appliances, &c., illustrative of hygiene in its widest scope, which it is to be hoped the Government, in pursuing the enlightened policy begun by the establishment of a Provincial Board of Health, will provide at no distant day; rather than compel the country to wait until our worthy confraternity shall have a Parkes with ability and material to found another museum of hygiene.

I am, &c.,

R. A. REEVE.

May 22nd, 1882.

## THE CANADIAN Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism,  
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JUNE, 1882.

### THE ONTARIO MEDICAL ASSOCIATION.

The Second Annual Meeting of this Association will be held in the Council Chamber of the College of Physicians and Surgeons of Ontario, on Wednesday and Thursday, the 7th and 8th of June. Judging by the interest already manifested on various sides, by the number of communications promised, and taking the very gratifying success of last year's meeting as an earnest of future vigour and vitality, there can be no room for doubt as to the harmonious and satisfactory character of the gathering of 1882. It is, however, a fair subject for dubitation and discussion as to whether the present character and mode of conduction of such conventions tend in the

highest possible degree to the promotion of the interests and welfare of the profession, or whether certain modifications in their objects and constitution might not more fully realize the good at which they aim, and already do much to accomplish. The venerable Dr. Gross is reported to have said that the last meeting of the American Medical Association, at Richmond, Va., was socially a success but professionally a failure; and we have ourselves repeatedly heard the same remark made anent the meetings of the Canada Medical Association. It becomes us, therefore, to consider whether there be not something defective in the fabric which accounts for the flaw we must all deplore. Recognising at once the impossibility of an effect without the pre-existence of a cause, we may assume, *imprimis*, an origin for the deficiency, and, to cut the matter short, by the suggestion of a possible remedy indicate the seeming insufficiency. At such meetings many papers are read which by reason of abstruseness or inherent difficulty of the subject or length or want of impressiveness, are not listened to with anything more than the semblance of polite attention; are not followed, and cannot be intelligently or profitably discussed. We would therefore have these read by title and published in the Transactions of the Association, or in the Journals, where they might be leisurely perused and comprehended. In their place we would have an address by a selected reader on each of the great divisions of Medical Practice, which addresses should constitute a review of the progress of the science in its various departments during the preceding year; and the topics involved should be open to discussion by the meeting, when the views and experiences of members might be reasonably expected and profitably adduced. The rest of the time at the disposal of the Association might well be occupied in the discussion of the various topics of professional politics, in arriving at an understanding of the general professional opinion on the burning questions of the day, in examining and discussing the cases and specimens presented to the meeting, and, more particularly, in friendly, social intercourse, so well calculated to promote those sentiments of mutual respect and confraternity, the plentiful

lack of which there is still great reason to deplore. This is merely a general outline of improvements which have repeatedly forced themselves upon our attention, and which we hastily throw out for what they are worth, believing that they will meet with the concurrence of many, we hope of a majority, of our readers. A list of the papers to be read at the next meeting, of which notice has been so far received, will be found in another column.

#### ANATOMICAL SUBJECTS.

Our columns will be freely open to a discussion of the best way and means of increasing the facilities for procuring subjects for dissection in the Medical Schools of this city. The fact cannot be gainsaid, that of the tripod upon which the sure foundation of our science rests, anatomy is the chief, the most important and necessary foot. It goes without saying, therefore, that a full supply of anatomical material is of paramount importance to the embryonic race of medical practitioners. In this city, however, a super-abundance of subjects has never been forthcoming, notwithstanding that Toronto may be supposed to be the chief centre of medical education for the Province; and the reason seems to be, that practically the source of supply is limited to the unclaimed decedents within the walls of the Toronto General Hospital. True, the Anatomy Act provides the Inspector with authority to distribute also the unclaimed bodies of vagrants found dead, and of inmates of our prisons, among the Medical Schools and registered teachers of anatomy in his district, but, who ever hears of such supply being utilized except upon the rarest of occasions? And why should that same Act (Cap. 143, Rev. Stat. Ont.) make an exception of the unclaimed bodies of inmates of the Asylums for the Insane, unless it be with a view to foster the investigation of the anatomical substratum of insanity by reserving such material for the more learned scrutiny of the Pathologist? If this be the reason, we can understand it, and in part approve. Indeed we think that in many instances the principle might with advantage be applied to our Hospital unclaimed dead,

for however necessary it may be that students should be taught anatomy in its normal phase, we hold it to be no less important that both student and practitioner should be indoctrinated and informed in the morbid anatomy and pathological processes of every case which comes beneath their observation. As old Morgagni hath it, *Nulla autem est alia pro certo noscendi via, etc.* As the matter now stands, however, *post mortem* examinations of Hospital patients have often to be foregone in order that the subject may be preserved for the use and edification of the schools. In order that this may be attained and the other, perhaps commensurate, advantage not lost, we shall welcome suggestions from our readers for the amelioration of the present condition of affairs; and surely no opportunity can be more fitting for the effort than the time in which we are called upon to mourn the death of James Rushmore Wood who, by his bright example, showed us the worth and dignity of Pathological research, and at the same time, by his indefatigable assiduity and zeal in the face of strenuous opposition secured for the students and teachers of anatomy in New York the facilities and advantages they now enjoy.

#### THE HOMŒOPATHS IN THE MEDICAL COUNCIL.

As the Medical Council is at present constituted, there are twenty-two representatives of the Regulars and five Homœopaths; and, although in proportion to the constituency the latter represent, they relatively out-number the Regulars, still it might appear that such a small minority in such an assembly would have little or no influence, and might thereby suffer very materially. Strange to say, however, the records of the past shew that this same minority not only knows well how to look after its own interests, but also has often been able to outwit the somewhat ponderous, and, at times, rather *dense* majority. We had a good example of this last June, when the Council nearly *went into convulsions* over an attempt to get a few worthy students passed who had come slightly below the standard in one subject, and at the same time had the misfortune to be *Regulars*; and shortly afterwards decided by a

large majority to pass Dr. John Hall, who had the good fortune to be a Homœopath, by Dr. Bray's *inexpensive* method, which practically meant no examination at all.

We hope it won't surprise the Council if we venture to protest against such acts, and ask its members to be as kind and generous towards the Regulars as they are towards the Homœopaths, or any other Irregulars. What is the secret of such extraordinary conduct, we know not. We hear vague and mysterious rumors of log-rolling, balance of power, &c., but we are unable to go into particulars. It is said by some, who perhaps know, that those who wish to become initiated may learn something by watching the proceedings at the next session. It is even stated that no one will be elected President, who has not succeeded in previously capturing the Homœopaths. We don't profess to know anything about the matter, but will, with others, take some interest in looking on, and observing the actions of those who combine with the powerful minority in order to attain their ends, and the price they pay for such assistance.

We have to acknowledge that in these modern days the Homœopaths appear to be gaining strength. They have taken possession of the broad and lofty-minded specialists of New York, and that city's *Medical Record*, while in this Province they have acquired a controlling power over an influential Medical Journal, which claims "the largest circulation of any Medical Journal in Canada." Possibly we may be allowed to hope they will be checked in their victorious career before they have scattered to the winds every vestige of principle, upon which we have long and fondly trusted our profession was securely founded.

#### TORONTO MEDICAL SOCIETY.

At the annual meeting held May 4th, the following were elected as officers for the ensuing year: President, Dr. George Wright; 1st Vice-President, Dr. A. H. Wright; 2nd Vice-President, Dr. W. J. Wilson; Recording Secretary, Dr. McPhedran; Treasurer, Dr. Spencer; Corresponding Secretary, Dr. J. Robinson; Members of the Council, Drs. Clark, Smith and Davidson.

### ONTARIO MEDICAL ASSOCIATION.

We learn with pleasure that there is every prospect of a very successful meeting of the Ontario Medical Association, which is to be held in Toronto, June 7th and 8th. We are again indebted to our Secretary, Dr. White, for the energy he has shown in his arduous task of completing all necessary arrangements, including those with Railway Companies for reduced fares. For particulars we refer our readers to advertisement in this issue. A number of physicians have been invited from Montreal and other cities in Canada and the United States, and several have promised to attend. The following papers have thus far been promised:

Dr. Ryerson, Toronto—Adenoma of the Vault of the Pharynx. Dr. Worthington, Clinton ———. Dr. Philip, Brantford—On the Anti-septic Treatment of Phthisis. Dr. Curry, Rockwood—Science of Medicine. Dr. Harris, Brantford—Retroversion Uteri. Dr. Temple, Toronto—Remarks on Treatment of Laceration of Cervix Uteri. Dr. Powell, Edgar—Remarks on Hæmorrhage after Tonsillotomy. Dr. Daniel Clark, Toronto—On the Therapeutics of Insanity. Dr. Snow, New York—Trachelorrhaphy, or Operation for Laceration of Cervix Uteri. Dr. Dupuis, Kingston ———. Dr. Palmer, Toronto—Light in Schools. Dr. Stewart, Brucefield—Case of Locomotor Ataxia.

Reports of: 1st. Successful reductions of a dislocation of the elbow (radius and ulna backwards) after four weeks duration. 2nd. Perfect restoration of Perinæum after complete laceration of five months' standing. 3rd. Excision of the elbow for caries of the articular ends of the humerus and ulna, with a useful arm.

Dr. Clark, Oshawa—Venesection: Its past Abuses and present Uses. Dr. Canniff, Toronto—Remarks on, and Exhibition of Case in Surgery. Dr. Yeomans, Mount Forest—The Relation of Local Boards to the Provincial Board of Health. Dr. R. W. B. Smith, Sparta—Alcohol in Diseases. Dr. Harrison, Selkirk—Case of Eclampsia. Dr. MacKelcan, Hamilton—Treatment of Diphtheria. Dr. Oldright, Toronto—Some points regarding Measurements in Surgical Practice. Dr. Playter, Toronto—Remarks on some Points in Vital Statistics in Ontario.

### MEDICAL COUNCIL EXAMINERS.

One of the most unsatisfactory features in the past history of the proceedings of the Ontario Medical Council has been the frequent changes in the Board of Examiners. One year the Board will reject a third to half the candidates, and perhaps the following year a new Board will pass everybody. There is no doubt that, all things considered, the Examiners, who lately handed in their report, are the best men who have conducted an examination for that body. Under such circumstances, to make any sweeping changes is worse than useless, and would add a vague uncertainty, which is not only perplexing, but might prove positively injurious. If it should happen that one or two are unwilling to act again, men who are known to be eminently fit for the position should be appointed to take their places. The appointments should be made for a long period, say ten years, and changes should be made gradually. An absurd rule prevents "School men" from examining in the subjects they know most about, but, at the present time, the three teachers who examine are well known to be thoroughly qualified for the subjects allotted to them, and we hope they will be retained. If any changes must be made, we hope that care will be taken in making a suitable choice without any regard to local prejudices or electioneering exigencies.

### CLINICAL TEACHING FALSELY SO-CALLED.—

Almost every day, says the London *Lancet*, a visitor to the wards and class-rooms of the Metropolitan hospitals may observe the melancholy spectacle of a crowd of students collected around their teacher, who is engaged, not in expounding the fundamental principles of surgery or medicine, nor yet in explaining the scientific methods of the investigation of morbid phenomena, but in doling out to empty minds promiscuous scraps of disorderly information, known as "tips for the college." If this be the usual mode of medical education in these days, it is not surprising that the percentage of rejections should steadily rise.

## CLINICAL CLERKS AND SURGICAL DRESSERS.

While our students are improving every year in their knowledge of practical work, the results of the recent examinations show a deficiency of aptitude in examining patients and using ordinary surgical appliances, on the part of some of the candidates, which is inexcusable, considering the vast opportunities now placed at their disposal. We hope, therefore, that the Medical Council will adopt the rule carried out in Great Britain, and require from every candidate presenting himself for the final examination a certificate of having served a term of three months each as clinical clerk and surgical dresser in some regular hospital. It would probably be too much to ask for both certificates next year; but one, at least, should be required, and, after the examination in 1883, the two should be demanded. Such a system would not only prove vastly beneficial to the student, but would also assist the working staff of the hospital by compelling those attending such institutions to do ordinary dressing and note-taking properly.

**RÖTHELN OR GERMAN MEASLES.**—An epidemic of German measles has been very prevalent in Toronto, during the last few weeks, and a few cases have presented symptoms unusually severe. One case, occurring in the practice of Dr. McFarlane, terminated fatally after an illness of four days. Two other fatal cases have been reported, one being an adult. Catarrhal symptoms have been occasionally well marked, but generally slight. The throat has been severely affected in a few cases. The eruption has presented the ordinary appearances, first resembling that of scarlet fever, and in a few hours becoming more like that of ordinary measles. In certain respects it has varied greatly in different cases; sometimes only a few spots were visible, sometimes it was very copious over the whole body. It has first appeared generally in face, often on body, and sometimes the extremities, on palms of hands, and soles of feet. Usually convalescence has been rapid. So far as we know so general an epidemic of this disease has never been

known in Toronto; but it is hard to speak positively on this point, because, in times past, it was so frequently confounded with scarlatina and measles, and certainly the old description of a hybrid combination of these two diseases has seemed very applicable in the recent epidemic. The peculiarities arising from this fact often make a certain diagnosis very difficult, especially in the first cases which come under observation. If, however, we agree with Murchison and others who have asserted that Rôtheln furnishes no immunity from either scarlet fever or measles, we must attach great importance to a correct diagnosis.

**CIVES CANADENSES SUMUS.**—We are somewhat amused to observe, in the *New York Medical Record*, for May 13th, in an editorial article, discussing the merits of Benedict's views on the anatomical characteristics of the brains of criminals, Dr. Wm. Osler's investigations of the subject referred to as "a recent contribution by an American, Dr. Wm. Osler, of Montreal." Now, although we fully recognise the cosmopolitan character of science, yet we would venture to suggest to our "big brother" Shady, that notwithstanding the great aplomb with which we are wont to suffer our cousins across the border to arrogate to themselves the title of American, we cannot with equal unconcern allow them to appropriate also the few men of science we happen to possess. In an article, therefore, in which he distinguishes between Austrian and American, we would prefer to see our countryman denominated either a Canadian or a Briton. In matters of science, and especially of medical science, as well as in things political, the adjective British is still dear to our hearts, and we are by no means content to trace the roots of our genealogical tree, in unbroken continuity, through the soil of time no further back than the year of grace 1776.

**MEDICAL BISHOPS.**—I. M. Strachan, M.D., Rangoon; Dr. Oallaway, Kaffaria; Dr. Stirling, Falkland Isles; and Dr. McDougall, formerly of Labuan and Sarawak, now Archdeacon of the Isle of Wight.

**A MODEL CLINICAL EXAMINATION.**—The examination for the Murchison Scholarship in clinical medicine was lately conducted by Drs. Wilks and Bristowe, and comprised three parts: "An oral, in which recent pathological specimens, museum preparations, and microscopic sections were examined and reported on by each candidate; a written, in which three questions on clinical medicine were set; and a practical, in which each candidate was required to examine, write a report, and comment on, two cases in the medical wards of St. Marylebone Infirmary. In addition to these three specially selected cases of typical diseases were shown to each candidate in rotation, and on these he had also to furnish a written commentary."

**MURCHISON SCHOLARSHIP.**—Mr. Charles F. Coxwell, of St. Thomas's Hospital, late one of the Assistant Under-Secretaries of the International Medical Congress, enjoys the proud distinction of being the first holder of the Murchison Scholarship lately founded in honour and memory of that great Clinician. It is peculiarly fitting that a pupil of that school, in which the foremost clinical teacher of his time established his reputation, should be the recipient of an honour commemorative of his "name and use and fame."

Boroglyceride ( $C_3H_7BO_2$ ) +  $3H_2O$ , is the name given by Prof. Barff (of Barff's-Iron fame) to the new antiseptic lately introduced by him. "At ordinary temperatures," says the London *Lancet*, "boroglyceride is an odourless, transparent, jelly-like body, almost without taste, although, when placed upon the tongue in its pure state, it leaves behind a 'smack' not unlike that caused by alum." Mr. Barwell, of Charing Cross Hospital, speaks most highly of its use in clinical surgery. He employed a 5 per cent. solution.

**THE SAFEST ANÆSTHETIC KNOWN.**—Dr. Richardson says that Methylene bichloride, ten fluid drachms, and absolute methylic alcohol, six fluid drachms, constitute the safest known anæsthetic when the methylic alcohol is absolutely pure.—*Lancet*.

We have to apologise to one of the Medical Schools in Detroit, for references made to it in our note on "Manufacturing Doctors," which appeared in our last issue. The school we referred to is in Buffalo, not Detroit. We received our information from two different sources, and thought it reliable. The error arose from a singular similarity of names which we cannot explain more explicitly. We regret exceedingly that such a mistake should have occurred.

**NEW MEDICAL SCHOOL IN NEW YORK.**—It is expected that a new medical department of Cornell University, Ithaca, will be located in New York, and will be, to a large extent, under the charge of the eight members of the post-graduate faculty of the University Medical College, who resigned because they were unable to carry out a system of post-graduate teaching as they wished. The new institution will be well endowed, and from present appearance is likely to be highly successful.

All medical practitioners, resident in this Province, whose addresses are not given in the Ontario Medical Register, are requested to communicate with the Secretary of the Provincial Board of Health, Dr. P. H. Bryce, Toronto, in order that they may receive documents published by the Board.

A Canadian agency, with headquarters in Toronto, 10 Colborne Street, under the charge of Mr. H. P. Gisborne, has been established for the two New York firms, Messrs. Reed & Carnrick, Manufacturers of Maltine, and the Pharmacal Association, Manufacturers of Lactopeptine.

It is our intention to publish, for the special advantage of general practitioners, a series of selections on the common affections of the eye, ear, throat, and nose, from papers read before the Toronto Medical Society. We inaugurate the series to-day with the first part of a paper by the well-known specialist, Dr. R. A. Reeve.

The jubilee of Henle's graduation as M.D. was celebrated in Göttingen on April 4th.



**ERRATUM.**—In our last issue we made a mistake with reference to the 3rd years' scholarship in the Toronto School of Medicine. The successful candidate was Mr. J. M. Jackson, of Arva.

Dr. B. E. McKenzie, of Aurora, delivered a lecture on "The Functions of the Brain," at the meeting of the Science Association of the University of Victoria College, Cobourg, on Wednesday evening, May 17th.

At a recent meeting of the University Senate, Dr. Wilson gave notice of a motion recommending the establishment of a professorship or lectureship on constitutional history and jurisprudence.

The American Medical Association will meet in St. Paul, Minn., on the 6th., 7th., 8th., and 9th. of June.

We regret that we are compelled to hold over our Book Reviews till next issue.

#### PERSONAL

Drs. L. A. Sayre and A. B. Mott, retire to the Consulting Staff, at Bellevue.

Cornil has succeeded Charcot in the chair of Pathological Anatomy.

Herbert Nickle, of the Toronto School, passed the Primary Examination of the R. C. S. on 24th April.

Eppinger, of Graz, has been appointed to the chair of Pathology, in Prague. Weichselbaum will probably succeed Kundrat in Graz.

Dr. Hugh Watt has been appointed Surgeon of the General Hospital in Cariboo, British Columbia.

James M. Smith, of the village of Hyde Park, Esquire, M.D., to be an Associate Coroner in and for the county of Simcoe.

Harry D. Fraser, of the town of Perth, Esquire, M.D., to be an Associate Coroner in and for the county of Lanark.

Dr. J. Robinson has been appointed second Assistant in the Toronto Asylum for Insane in the place of Dr. Covernton, who is now practising in Winnipeg.

38th "Brant" battalion, "Dufferin Rifles," No. 6 Company, Brantford, to be surgeon, Assistant Surgeon William T. Harris, *vice* Jas. Winniett Digby, whose resignation is accepted.

Mr. Andrew Robertson has been elected President of the Board of the Montreal General Hospital in the place of Mr. Peter Redpath, who is now residing in England.

Brown Séquard has been appointed Court Physician at Madrid, but has declined the honour. The world moves.—(*Gaillard's Medical Journal*.)

Secretary Teller, of the United States Treasury, has appointed Dr. Mary Walker to a position in the Pension Office in consequence of strong representations as to her destitute circumstances.

Prof. Wagner, of Leipsic, says the N. Y. *Medical Record*, has been fined \$12 for calling homœopathy a swindle, &c. He was sued by 75 homœopaths, among whom the spoils are presumably to be divided.

Dr. Giovanni Lanza, the Italian Prime Minister, who died March 9, 1882, had nearly completed his semi-centennial as a physician, having graduated in medicine in the city of Florence in 1834.—*Chicago Med. Review*.

Dr. N. H. Beemer, of the Asylum for the Insane, London, has recently passed his first intermediate examination for barrister-at-law. It might be well if more of those likely at any moment to be called upon to assume the rôle of medico-legal jurists, should do likewise.

Dr. A. Jukes, of St. Catharines, who has been appointed staff surgeon of the North-West Mounted Police, was on Monday presented by a few of his friends with a complete outfit for a staff surgeon, and was afterwards entertained at luncheon.

Dr. Cossar Ewart has finally been appointed to the chair of Natural History in the University of Edinburgh, Prof. Ray Lankester having resigned the appointment after a few days. We had hoped Prof. Alleyne Nicholson would have been Sir Wyville Thomson's successor.

Dr. Jas. F. Bell, from the Toronto School of Medicine, and Dr. E. R. Woods, from the Trinity Medical School, were recently appointed Clinical Assistants at the Toronto General Hospital. The senior assistant is Dr. Macdonald and one other to be appointed.

## UNIVERSITY OF TORONTO.

RESULTS OF THE RECENT EXAMINATIONS IN THE  
FACULTY OF MEDICINE.

The following are the results of the annual examinations in the Faculty of Medicine, University of Toronto :—

First year—Passed, H. Bascom, C. H. Britton, A. Broadfoot, E. Bourke, L. Carr, G. A. Cherry, F. W. Cane, J. D. Courtney, W. A. Goodall, H. N. Hoople, A. B. Knisley, C. A. Krick, D. Minchin, D. Poole, M. R. Saunders, J. E. Sutherland, D. M. Stabler, H. E. Webster.

J. W. Patterson and S. Stewart, second year, passed in anatomy. J. H. Howell obtained agrotat standing in this year. Goodall and Knisley take chemistry again.

Scholarships—1st, H. W. Hoople ; 2nd, L. Carr.

Second year—Passed, J. Bray, J. W. Clerke, J. S. Draper, J. Johnston, T. D. Michael, A. F. McKenzie, J. W. Paterson, R. L. Stewart, S. Stewart, J. Spence, A. S. Thompson, R. Hearn.

W. Johnston, T. M. Milroy, and W. H. Oliphant, of 4th year, passed on physiological chemistry.

Scholarships—1st, J. W. Clerke ; 2nd, A. F. McKenzie.

Third year—Passed, H. S. Clerke, W. J. Dolsen, J. E. Hansler, J. A. Meldrum, W. J. Robinson.

Scholarships—1st, W. J. Robinson ; 2nd, F. J. Dolsen.

Primary—W. H. Carleton, W. F. Freeman. Final—Passed, W. J. Charlton, R. Coulter, A. I. Freele, N. S. Frost, W. Gilpin, H. P. Jackson, J. G. Mennie, A. S. Nasmith, J. W. Rae, S. R. Rogers, J. E. Shore, P. C. Walmsley.

Fourth year—Passed, J. F. Bell, G. S. Cleland, J. T. Duncan, W. F. Eastwood, R. M. Fisher, W. Hanbridge, W. H. Johnson, E. G. Knill, F. D. Kent, J. Laferty, F. M. Milroy, T. F. McMahon, W. H. Oliphant, A. C. Panton, R. R. Wallace.

University gold medal—R. R. Wallace.

University silver medal—J. F. Duncan.

Starr gold medal—R. R. Wallace.

Degree of M.D.—J. Anderson, M.B.

Of the prizemen, Mr. Wallace (double gold medallist) and Mr. H. W. Hoople were from the Trinity Medical School ; Mr. Duncan (Silver Medallist), Messrs. Robinson, Dolsen, Clarke, McKenzie, and Carr, were from the Toronto School of Medicine. In graduating class there were 6 from Trinity, 21 from Toronto ; undergraduates, 8 from Trinity, 30 from Toronto.

## TRINITY COLLEGE.

## CONVOCATION FOR CONFERRING MEDICAL DEGREES.

The names of those who took the degree of M.B. were as follows :—

Archibald Charles Gaviller, gold medallist ; James Murray Johnston, silver medallist.

The following gentlemen received certificates of honour in addition to the degree :—W. H. Macdonald, A. D. Smith, J. T. Sutherland, J. Johnston, W. M. Brett, P. J. Strathy, J. W. Ray, T. M. Milroy, H. H. Graham.

The following passed simply :—H. H. Atkinson, R. W. Belt, F. D. Canfield, T. W. Duncombe, J. G. Davidson, J. A. Gracey, J. W. L. Hunter, Wm. Nattrass, A. F. Pringle, J. Urquhart, H. C. Wilson, J. D. Wilson, E. R. Woods, and D. McLeod.

The following gentlemen received the degrees of C. M., M.D. :—H. P. McCausland, J. Walker, F. E. Woolverton, F. C. Astley, J. C. Urquhart, George McLaine, A. H. Ferguson, W. Honeywell, J. Bonnar, J. A. McNaughton, C. M. Freeman, T. H. Stark.

The following took C. M. alone :—R. J. McKinnon and R. A. Rosa.

The following took the degree of M.D. :—R. B. Nevitt, R. Raikes.

UNIVERSITY OF VICTORIA COLLEGE  
CONVOCATION FOR CONFERRING  
DEGREES.

The following received the degree of M.D., C.M., being presented by Dr. Uzziel Ogden, of the Toronto School of Medicine :

W. H. Aikins, R. J. Burton, R. M. Coulter, J. T. Carroll, M. K. Collier, James Campbell, G. W. Clendenan, M. R. Elliott, H. P. Jack-

son, W. J. Kellow, W. H. Montague, G. S. McDonald, B. Rose, S. R. Rogers, W. A. Ross, J. W. Wilmot, J. B. Whiteley, Chas. J. Wilson, C.M.; J. H. Radford, G. M. Milne, W. D. Fowler, J. M. Piper, M.D.; J. E. Savard, O. H. Manzan, J. H. H. Gauthier, W. Dubeau, J. B. E. Maillet, and E. P. Vannier.

### Obituaries.

Dr. John T. Hodgen, of St. Louis, died April 28th, in the fifty-seventh year of his age. He was a prominent and well known surgeon, and was Professor of Surgical Anatomy in the St. Louis Medical College. He was President of the American Medical Association in 1881, and presided at the meeting held that year in Richmond.

Dr. John Brown, of Edinburgh, well known as a physician, but better still as the author of "Rab and his Friends," and the other contents of his two volumes of "Spare Hours," has gone to his rest at the age of 72, loved and honoured by those amongst whom he wrought, and more distantly, but not less devoutly, by those for whom he wrote. He was a contributor to the *North British Review*, *Good Words*, and the *Scotsman*.

JAMES RUSHMORE WOOD, M.D., LL.D.—The profession in New York has paid another heavy tribute to the debt of nature in the person of the above-named eminent surgeon, who succumbed to double pneumonia on the ult. Dr. Wood was born of Quaker parents, in New York City, on 14th Sept., 1816, and graduated at Castleton (Vt.) Medical College in 1846, being appointed Demonstrator of Anatomy there the same year. In 1847 he became identified with Bellevue Hospital, and from that time till his death held a prominent position on its surgical staff. He was twice President of the Pathological Society, and was Consulting Surgeon to Charity, St. Vincent's, Woman's, and Ruptured and Crippled Hospitals. He wrote but little, but his eminence as a surgeon, in the fullest sense of the word, was universally conceded.

### Book Notices.

*Hygiene in Relation to the Eye.* By C. J. LUNDY, M. D.

*The Death-rate of Memphis.* By GEO. E. WARING, JR., Newport, R. I. (Reprint from *American Architect*.)

*Current Fallacies about Vaccination.* A letter to Dr. W. B. Carpenter, C.B. By P. A. TAYLOR, M.P.

*Observations on Surgery in Children.* By EDWARD BORCK, M.D. (Reprint from *St. Louis Medical and Surgical Journal*.)

*The Special Therapeutic Value of Hyoscyamine in Psychiatry.* By C. H. HUGHES, M.D. (Reprint from *Alienist and Neurologist*.)

*Report of the Asylum for the Insane, London for year ending 30th September, 1881.* By R. M. Bucke, M.D., Superintendent.

*Gonorrhoeal Ophthalmia, its Complications and Results; Iridectomy for Artificial Pupil.* By C. J. LUNDY, M.D. (Reprint from *Michigan Medical News*.)

*Galvano Caustic Method in Nose, Pharynx, and Larynx.* By J. SOLIS COHEN, M.D., of Philadelphia. Read at International Medical Congress, London. J. W. Kolckmann.

*The Opium Habit; Its Successful Treatment by the Avena Sativa.* By E. H. M. SELL, A.M., M.D., (Reprint from the *Medical Gazette*.)

*The Separate System of Sewerage.* By GEO. E. WARING, JR. (A reply to the paper of ELIOT C. CLARKE, Esq.) (Reprint from *American Architect*), Newport, R. I., 1882.

*Working Bulletins for the Scientific Investigation of Jamaica Dogwood, Quebracho, and Cascara Sagrada.* By Messrs Parke, Davis and Co., Detroit, Michigan, U. S.

*Del Histerismo Considerado en sus Relaciones con Algunas Enfermedades Localizadas.* Por el Dr. D. FEDERIO CASTELLS. Barcelona (Reprint from "*Gaceta Médica Catalana*.")

## Meetings of Medical Societies.

### REPORT OF TORONTO MEDICAL SOCIETY.

*February 9th, 1882.*—The Society met at 8.15 p.m., the President in the chair; the minutes of the last meeting were read and adopted.

Dr. Workman then gave notice that three months hence he would move that the annual fee for membership of this Society be reduced from \$3 to \$2.

Dr. Graham exhibited two vesical calculi removed at *post-mortem* examination from a lad, aged seventeen; the larger one was firmly fixed and encysted below the pubic arch and was taken for an exostosis. The same gentleman also showed a left lung and aorta; the aorta was aneurysmal and had ruptured into the pleural cavity, the patient from whom the specimen was taken also suffered from pleurisy with effusion; the patient's voice was hoarse due to pressure on the recurrent laryngeal by the aneurysm.

Dr. Burns showed a young man, aged nineteen, with hypertrophic enlargement of the ulnæ and tibiæ, no clue could be got to the disease from the family history, no evidence of syphilis, except slight protrusion of the frontal eminences and the bridge of the nose being sunken.

Dr. Wilson, showed a fetus with an abscess in the left thigh, with arrest of development in the affected limb.

Dr. Nevitt then showed a ruptured uterus. The child's body and part of the placenta had escaped through the rent into the abdominal cavity. No decided cause could be given for the accident, a microscopic examination showed fatty degeneration and inflammatory infiltration. The rent extended through part of placental attachment.

Dr. Oldright showed a large tumour, which at first was thought to be fatty, but on microscopic examination it was found to be a mixed myxo-lympho sarcoma in structure; it was removed from the upper part of the thigh, situated beneath the abductor longus, weight, four and a-half pounds.

Dr. Cameron, then showed a case of palmar squamo-pustular syphilide. No history of syphilis was obtainable; but the patient improved greatly under a mixture containing the perchloride of mercury and the iodide of potassium; the case also showed serpiginous eczema on the extensor surfaces of the arms.

Dr. McPhedran related a case in which there was loss of power of the lower extremities after confinement; he could assign no cause for the malady.

Dr. Temple mentioned a similar case which, after some months, quite regained the use of the limbs, no special treatment being adopted.

The President then vacated the chair and read a short paper upon "The Difference between Acute Delirium and Insane Delirium." After a few preliminary remarks, he described the different effect alcohol had upon different persons, and gave a vivid description of an individual case, he also gave a description of the mania of hysteria and *delirium tremens* and concluded his paper by giving the points in the differential diagnosis between acute and insane delirium. The Society then adjourned.

*February 23rd, 1882.*—The Society met at 8.30., Dr. Graham in the chair. The minutes of the last meeting were read and adopted.

Dr. Davidson then exhibited a placenta which had been adherent to the uterine wall throughout nearly its whole extent, masses of fibrinous lymph were to be seen on its surface, and in order to remove the placenta it was necessary to introduce the whole hand into the uterine cavity. A discussion then ensued as to the merits and demerits of introducing the hand into the uterus to remove adherent placenta.

Dr. Riddel, showed the head of an aged man, whose widow was committed for trial on a charge of murdering him, on the medical evidence given at the inquest which stated that the right temporal bone had been fractured, the result of several blows from some blunt instrument. On a close examination of the skull by Dr. Riddel it was found that there was no fracture of the right temporal bone, but that a small fragment of the parietal bone was wanting which must have been fractured at the time that the calvarium was removed by the operator, which had it been frac-

tured before the *post-mortem* would have crumbled away or been detached from the dura mater by the action of the saw. Dr. Riddel also found a fracture of the left parietal, frontal, and occipital bones which must have been produced by the unskillful removal of the skull cap, at the trial of the supposed murderess. Dr. Riddel was called for the defence, and gave his evidence in accordance with what he found as above stated, upon which and together with similar evidence by Dr. W. T. Aikins the woman was acquitted.

Dr. Oldright then made some observations as to the condition of the prepuce in early boyhood. He thought it was a very common thing to find the prepuce contracted in children, and that needless operations were often performed; he thought that as age advanced, the condition generally righted itself; a discussion ensued upon the subject, and several cases were cited where reflex symptoms were cured by the removal of the prepuce.

A communication from Dr. Hillary, of Ansto Bay, Jamaica, was then read regarding an autopsy in which air was found in the right auricle of the heart and in the gall bladder, and there was also general emphysema; the patient had died suddenly.

The Society then adjourned.

#### THE PROVINCIAL BOARD OF HEALTH.

The first general meeting of the newly-constituted Provincial Board of Health was held in this city, on the 9th, 10th, and 11th ultimo. The session was opened in the Parliament Buildings, under the Presidency of Dr. Wm. Oldright, Chairman of the Board; and in the first day's proceedings all of the members of the Board, Rae, Oshawa; Yeomans, Mount Forest; Covernton, Cassidy, and Hall, Toronto; and Bryce, Secretary, took part. After the reading of the Act, creating the Board, and the Secretary's commission, the subject of the epidemic of variola at Windsor was discussed and action taken thereon, after which the Chairman delivered his inaugural address, which will be found *in extenso* in the issue of the *Mail* newspaper for the 12th of May. A communication

was received from Dr. H. B. Baker, the Secretary of the Michigan Board of Health, on the subject of immigrant inspection, urging its necessity, and promising the earnest co-operation of his Board. Dr. Cassidy presented a report of the proceedings of the Sanitary Convention lately held in Greenville, Michigan, which he and Dr. Oldright attended; and Drs. Covernton and Yeomans reported their investigation into the sanitary condition of the Town of Sarnia, and the conclusions they had arrived at with reference to the cause of the recent prevalence of typhoid fever there. After passing through Committee of the Whole, the report was adopted, and a copy, together with recommendations of the Board, directed to be forwarded to the Mayor of Sarnia. A circular to the local municipalities, anent sanitary reforms, was drawn up and 3,000 copies ordered to be printed for circulation. Fifteen hundred copies of certain extracts from the Statutes, concerning public health, which Dr. Yeomans had caused to be drawn up were ordered to be printed for circulation, and a circular to medical practitioners soliciting their co-operation was determined upon. Dr. Covernton also submitted a circular to medical men, requesting monthly reports of cases of infectious and contagious diseases. The circular was referred to a special committee to report thereon to a special meeting on the 1st of June. The Hon. A. S. Hardy, Provincial Secretary, who was present on the second day, promised to have 2,000 copies of the Public Health Statutes printed for circulation. Dr. Covernton introduced the question of erecting public urinals, and also suggested the advisability of recommending to municipalities the adoption of the Rochdale system for closets. The necessity for a special vehicle in cities and towns for the conveyance to hospital of infectious cases, and of a strict surveillance of persons and things in contact with such cases was discussed. Arrangements were made for procuring the necessary exchanges of sanitary literature for the Board, and also for the printing of 3,000 copies of a digest, approved by the Attorney-General, of Provincial laws, for the guidance of municipalities, relative to the powers vested in them for the suppression of communicable diseases.

A resolution was adopted recommending municipalities to restrict by by-law the utilization of made ground for building purposes within certain conditions. On motion of Dr. Yeomans, seconded by Dr. Covernton, the Secretary was instructed to procure a supply of reliable vaccine for the use of practitioners; and the project of securing a vaccine establishment in the City of Toronto was considered. After passing votes of thanks to the physicians, inhabitants, and Town Council of Sarnia, to Dr. H. B. Baker, Secretary Board of Health, of Michigan, to Mr. Jno. K. Allen and Dr. Nicholson, of the Secretary's Department, and to the members and officials of the Michigan Board, to the officials of the Detroit Board, to members and ex-members of the Toledo Board, to the Mayor, Dr. Shelden, Dr. Avery, and other citizens of Greenville, Mich., for various courtesies and co-operation, the Board adjourned.

#### HURON MEDICAL ASSOCIATION.

The regular meeting of the Huron Medical Association was held in Clinton, on Tuesday, April 4th, Dr. Holmes, president in the chair. The following members were present. Drs. W. J. B. Holmes, Worthington, Gillies, McLean, McDonagh, Williams, McMicking, Duncan, Graham, Scott, Hurlburt, and Stewart.

Dr. Duncan, of Seaforth, exhibited another well-marked example of *Jacksonian Epilepsy*. The patient, a female child, aged 38 months, enjoyed good health until she was 11 months old, when the present difficulty commenced suddenly with convulsions, confined to the right arm, leg, and right side of the face, which lasted, it is said, six hours, and was followed by paralysis of the convulsed parts of some weeks' duration. From this time up to the child's second year, no regular fits occurred, but soon afterwards they were very marked, and when severe, the left side was slightly affected, but it was never paralyzed like the right side. Speech was confused and incoherent after the attacks. For several months the attacks only occurred once a month. During last October they became very frequent, as many, sometimes, as 14 in one day. Since then she has been taking bromide of potassium,

and now they only happen once in the six weeks.

During the attacks, the head is drawn to the right side and the eyes to the left. When the child awakens, her right extremities are found to be paralyzed. The paralysis, however, lasts but a few hours, as a rule. The child is often fretful, and when gentle pressure is made on the left ear she is soothed. Memory and intelligence good. Patient formerly appeared to be conscious during the attacks, but lately she has not been so.

*Family History.* Unimportant on the father's side, but on the mother's side her grandfather was subject to epilepsy, and her brother died in a fit, and his youngest daughter was also epileptic.

Dr. Graham, of Brussels, showed a woman, aged 49, who has Dupuytren's contraction of the little and ring fingers of both hands.

Dr. Gillies, of Teeswater, showed a well marked example of infiltrating carcinoma of the right breast and axillary glands, with secondary deposits in the pleura, in a woman aged 47.

Dra. Stewart and Hurlburt, of Brucefield, showed patient, aged 3½ years, with left *hemiplegia* following unilateral (left) convulsions. The child, who was convalescing from scarlet fever, was seized, on the 14th of January last, with convulsive movements of the left arm, leg, and face, which lasted for eight hours. On the following day (Jan. 15) the child was still unconscious, with a pulse of 140, and a temperature of 104°, but there was no return of the fits. On the 16th of January, the left arm and leg were found to be completely paralyzed, in which condition they remained for a week. Since, there has been a gradual improvement, but the child still drags his left leg. The left arm has almost completely recovered with the exception of some of the complex hand movements. The urine never contained any albumen, nor was there discovered at any time any deficiency in the quantity of urea.

It is probable that both the convulsions and paralysis in this case were brought about by a meningeal haemorrhage.

The last issue of the *New York Med. Record* contains a recantation of its heresy on Homoeopathic Consultations.

### Miscellaneous.

**BORACIC ACID FOR GRANULAR LIDS.**—Dr. James L. Minor applies the pulverized acid freely to the everted lids with a brush, lachrymation is at first increased, and some pain is caused. There is slow and steady amelioration of the symptoms.—*Virginia Medical Monthly*.

**A LARGE BRAIN.**—The case is recorded by Chr. Tompkins, of Richmond, of an insane negro whose brain weighed 72 ounces. He was 32 years of age, 6 feet 2 inches in height. Had committed murder twice, was twice an inmate of a lunatic asylum, and was generally considered stupid.

**STIRLING ON EUCALYPTUS-OIL IN LUMBAGO.**—Mr. B. A. Stirling, in the *Lancet*, Dec. 1881, p. 1,155, speaks highly of the value of eucalyptus-oil in lumbago. Mr. Stirling believes that, by the free inunction of this agent, he has also often cut short a bronchial attack. The formula advised is, equal parts of the oil of commerce, olive-oil, and belladonna liniment.

#### TORONTO 'TELEGRAM' 'TATTLE.'—

How doth the gentle peeler march  
Along his gentle beat;  
How inwardly he wishes, for  
A student on the street.

He softly smiles, and grins with glee,  
And both his hands doth rub;  
He fondles with an easy grace,  
His student-bursting club.

"*Studentiana*."—Dr. Watts.

"The Old World motto is *noblesse oblige*. Our generous men of wealth are changing the phrase to *richesses oblige*, and thus becoming recognized as our untitled nobility. It is only necessary to show them in what way their beneficence will do the most extended and the most lasting good. The founding of five or six professorships will carry the names of their founders down to a remote posterity, and call them to honored remembrance when the stately buildings around us are replaced by other and still nobler structures."—*Cincinnati Med. News*.

**TELEPHONIC TROUBLES.**—Mistakes may happen even in the best regulated families. Here is an example. Chicago is blessed with a druggist of great experience, and staid, modest habits of demeanor. It is his custom to replenish his stock when necessary, by ordering by telephone from other houses in the same line of business. With this purpose in view he called up such a house, and supposed he had it, when in fact he was still speaking to the telephone office. He was overwhelmed with chagrin and shame when in reply to his question, "Have you large black nipples?" only a hearty soprano cachinnation was returned from the female operator in the office. For a number of days thereafter he was compelled to repeat his blushes as he caught the lady's laughter whenever she heard the tones of his voice on the wire.

**MEDICAL COLLEGES.**—In a letter published in a recent issue of the *Boston Medical and Surgical Journal*, Dr. Oliver Wendell Holmes writes: "A school which depends for its existence upon the number of its students cannot be expected to commit suicide in order to satisfy an ideal demand for perfection. Any institution which is essentially dependent on the number of paying students it can draw must be tempted to sacrifice its higher aims to popularity. No high standard can be reached under such circumstances, and the only way to insure the independent action of a school which aims at teaching the whole country by example, is to endow its professorships, so that the very best and highest grade of instruction, and not that which is popular because it is easy and superficial, may always be given from its chairs, whether the classes be large or small. A small number of thoroughly accomplished medical graduates, their knowledge based on sound scientific acquirements, and made practical by assiduous clinical observation and teaching, will be worth more to the country than twice or thrice the number of half-taught, hastily-taught practitioners. A series of such classes will, in the course of a single generation, elevate the whole professional standard, as they go forth, year after year, missionaries in the cause of health."

### THE NEW CODE—DR. BALDWIN TO DR. SAYRE.

\* \* \* \* \*

I will not say that the science of medicine has never been promoted by any of these false systems. Hydropathy has, perhaps, taught us something of the virtues and abuses of cold water. To Thompsonianism, as once practiced by bold and crazy empirics, we are indebted for a fuller knowledge of the dangers of steam and over-stimulation, no less than for a clearer insight into the mischievous use of remedies in themselves innocent or even valuable when rightly employed. The folly of Sir Kenelm Digby and Lord Gillbourne in the use of the "Sympathetic Powder" and the "Weapon Salve" in the treatment of recent wounds, dates the correct appreciation of union by the first intention, and led John Hunter to comprehend the doctrine of adhesion. The cure of scrofula by the "Royal Touch," The doctrine of "Signatures" and "Perkinism or Metallic Tractors" instructs us in the power of the imagination over diseases. Nor can I doubt that "Homœopathy," with its help from "expectant attention" and the farther aid from rigid dieting as taught by Broussais and his disciples, has made us better acquainted with the curative energies of nature when unassisted by medicine. And I can see, too, how "charms" and "amulets" or any other sort of hocus-pocus should produce results similar to those claimed for Homœopathy; and in the same light, I can comprehend why the fond mother still hangs the coral around the neck of her helpless babe, unconscious of the medical teaching which originated the custom—just as I can understand how the Druids of ancient Britain gave virtues to the mistletoe by cutting it with a golden knife when the moon was six days old, as their voices resounded through the groves to the mystic chorus of Derrydown! All these things I can see and not be much the wiser for seeing. But I confess my utter inability to see how the "demands of humanity" or the "interest of a liberal profession" can be promoted by the "advanced idea" of consultation between a regular practitioner and the advocate of an exclusive

dogma, even though the latter be a "*legally* qualified practitioner."

But, my dear Doctor, we need not repine at these things. Great sciences, as well as great principles in other departments of life, must be subject to severe trials. By detraction without, by dissension within, they can only be tested. Neither form of trial is worth much without the other, and it is when they combine in the history of a profession that such a profession demonstrates its strength and grandeur. Just now our profession confronts one of these hazards, and yet I cannot but hope that the new code of Ethics will share the fate of other errors that have sprung up around the great science of medicine, to live a day and perish forever. Especially do I hope that New York will yet rise in her majesty and scourge from her temple those money changers who with impious hands would destroy the sacred instrument, our covenant, our creed, the decalogue of our profession; and that those false teachers who lately gathered about Albany will be amazed and appalled at their own folly and presumption when the ides of June will startle them with the rebuke which awaits them from St. Paul. "Money changers" will be taken, of course, in a Pickwickian sense, since the gentlemen who have leaped to the front of philanthropy with "advanced ideas" in advocating the "demands of humanity" and the "interest of a liberal profession" could never think of accepting a fee for such consultation! It may do for Brutus to talk to Cassius about "an itching palm," but in our days—the days of the "demands of humanity"—it must be accepted as a mere play of rhetoric.

I am, my dear Doctor,

Very truly and sincerely your friend,

W. O. BALDWIN, M.D.

—*American Med. Weekly.*

### Births, Marriages, and Deaths.

#### DEATH.

At his residence, Beaverton, on May 15, Alex. McKay, M.D., eldest son of the late James McKay, township of Finch, county of Stormont.



# THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

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TORONTO, JULY, 1882.

## Original Communications.

### NOTES ON THERAPEUTICS.

BY R. L. MACDONELL, B.A., M.D., M.R.C.S., ENG.

(Assistant Demonstrator of Anatomy, McGill University, Montreal, Physician to Montreal Dispensary.)

#### THE ERUPTIONS CAUSED BY QUININE.

Some months ago Van Harlingen published, in the *Archives of Dermatology*, an elaborate account of all the medicinal eruptions. Five distinct effects in the skin are produced by quinine and the cinchona compounds. 1. Erythematous, or scarlatiniform eruption. 2. Papular. 3. Urticaria. 4. Purpuric. 5. Irritation of the skin of the genitals. Of these the erythema seems to be the one most frequently met with, and from several late articles upon this subject, it may be inferred that this phenomenon depends more upon idiosyncrasy of the patient than upon the large dose of the drug. The following case resembles an ordinary attack of scarlatina. Prof. Kobner, Berlin (*Klinisch Wochenschrift*)\* prescribed quinine for a man who was suffering from bronchitis. In two hours he had a violent rigor, a feeling of suffocation, severe headache, nausea, and vomiting. Two hours later another short rigor, followed by a burning sensation, at first in the head and then all over the body. These phenomena occurred about 8 p.m. The next morning there was fever, an itching eruption over the whole body, difficulty of swallowing, and dryness of the throat. The eruption was of a deep red tint, disappearing momentarily on pressure. Face swollen, conjunctiva injected,

nasal mucous membrane dry. There were large papules upon the thighs surrounded by healthy skin. Pulse 108, temperature of skin elevated, respiration calm, tongue slightly tremulous, moist, posterior walls of the pharynx very red and injected, rest of the mouth normal. This certainly looked like scarlatina, but previously to this time the patient had had two similar attacks as the result of taking quinine. The eruption was considered by the physicians attending as scarlatina, and was each time followed by desquamation.

Dr. Gilliam, in the same journal, relates how he prescribed quinine, in three or four grain doses, for a boy about 15 years old. In a few hours the patient was found with intense congestion of the conjunctiva, oedema of the face and limbs, and a bright erythematous eruption of the whole surface of the body, and complaining of terrible burning and itching. Subsequently the administration of quinine on two occasions produced the same symptoms.

#### CORYZA.

Dr. N. Ffalliott, writing to the *British Medical Journal* states, that coryza, or nasal catarrh, may be cured in a few hours if taken at the onset, or at most twelve hours afterwards, by the inhalation of a spray of sulphate of quinine. The solution used may be made by dissolving four grains of quinine in an ounce of water, with just sufficient dilute sulphuric acid to dissolve it, and scenting with any agreeable perfume. A hand-ball spray-producer is used, and the quinine should be tasted in the back of the mouth. Apart from the possibility of quinine being antiseptic and destroying the germs which may give rise to this condition, supposing the

\* The Monthly Review of Medicine and Pharmacy, March, 1882.

catarrh to be the result of sudden change of temperature, the action of quinine in contracting the superficial capillaries tends to lessen secretion and afford relief.

The *Monthly Review of Medicine and Pharmacy* recommends for a common cold five grains of quinine, to be taken as soon as you begin to sneeze and suffer from a feeling of tightness in the nasal passages. Repeat the dose every six hours, till three doses are taken, and you will soon be well of your cold.

The remedies for colds are numerous, as was pointed out many years ago by Mark Twain. There is nothing like personal experience in these matters. The writer of these lines recommends to his brethren the use of a little,  $\frac{1}{2}$  grain, pill of sulphate of morphia to abort a cold. To keep down coryza, when one has business to attend to, there is scarcely anything more comforting than the snuff of Dr. Ferrier, (R. Morphie hydrochloratis, gr. ii.; pulv. acacie, 3ij.; bismuthi nitratis, 3vi.; M. The snuff) blown well up the nose by an insufflator.

#### NITRITE OF AMYL IN INFANTILE CONVULSIONS.

The power of this agent in allaying muscular spasm is being well established. A writer in the *Lancet*, (April 22nd), 1882, Dr. Bridger reports success with it in the treatment of convulsions in children. Case 1. Convulsions resulting from an abscess in tympanum. One third of a minim of nitrite of amyl in mucilage was directed to be applied to the child's nostrils every three hours—the amyl floating on the mucilage. In the first twenty-four hours of this treatment there was but one convulsion, and during the three remaining days of the child's life he had no difficulty in keeping those symptoms under control, though he found it necessary to increase by one-third the dose every twenty-four hours. Case 2. Patient aged six. Tubercular meningitis for a fortnight, and for two or three days almost constant convulsion. Nitrite of amyl as in case 1. Marked improvement; the twitchings almost entirely ceased, and the child had some hours of sleep. Cases 3 and 4 were aged respectively five and nine months, and the convulsions were due to dentition. The older took occasionally one-fourth of a drop dissolved in spirit and given

on sugar, according to Dr. Ringer's plan. The treatment succeeded.

#### THE RELIEF OF CATARRHAL CONDITIONS OF THE NASAL PASSAGES BY INSUFFLATION.

The *Archives of Medicine*, April, 1882, contains a good practical paper from Dr. Goodwillie. His insufflator is the best yet produced, inasmuch as the portion to be inserted into the nostril is large enough to close up that opening and prevent the escape of the powder. The instrument he uses is like a hydrogen bottle, and a country doctor with ten cents worth of glass and a little ingenuity will be able to make a fair substitute. A four or six ounce wide-mouthed bottle, a perforated cork, and two pieces of bent glass tube are required. The glass tubes, bent at right angles, are fixed in the cork. The powder is put into the bottle and air blown into the opposite tube. Dr. Goodwillie's apparatus has valves in the cork to prevent return of the powder, and the air is supplied, as in Richardson's apparatus for local anæsthesia by two rubber globes.

The powder used must be very finely triturated, and when blown in the air should float like smoke. The favourite formulæ are given. No. 1. R Benzoini, 3j; morphie muriatis, gr. vi; bismuthi subnitratis, potassii nitratis aa 3ss. This is very much like the snuff elsewhere mentioned and is said to be useful in hyperæmic conditions with pain. In the beginning of an attack of rhinitis coat the mucous surface with it. No. 2. R Aluminis, 3i; acacie, bismuthi subnitratis, potassii nitratis aa 3iv. Useful where a strong astringent is required. In case of hæmorrhage from the nose, remove all the clot and immediately blow in this powder abundantly until the bleeding ceases. R Iodoformi, camphoræ, aa 3j; bismuthi subnitratis, potassii nitratis, aa 3i ss. Useful as an antiseptic where there are foetid discharges, or where ulceration is present, or an excessive amount of granulations. For the general practitioner these applications are vastly more convenient than sprays.

#### THE TREATMENT OF BUBO.

With reference to Dr. Petersen's plan of treating bubo, referred to in your last, I do not see any very great advantage in this

method. Pressure is the active therapeutic agent in this as well as in other antiseptic procedures. The best plan of treating a bubo, in the writer's humble opinion, is to put on a pad of lint, soaked in iced lead lotion, and over this to apply a firm spica bandage. Should pus form, the larger the opening the quicker the cure. I think that in this way I have seen better results than those of Petersen.

#### CHRYSOPHANIC ACID INTERNALLY.

Chrysophanic acid is the best and most generally serviceable remedy in psoriasis. Prof. Charteris, by a simple experiment, proved that its action is general as well as local. In cases where the skin was diseased on both legs, one leg was treated with chrysophanic ointment, the eruption disappeared nearly as rapidly from one side as the other. Then again in other cases, constitutional symptoms were produced by local applications, and nausea, vomiting, looseness of the bowels were noticed.

Dr. Napier, Physician for Skin Diseases in the Dispensary, in connection with Anderson's College, Glasgow, (*Lancet*, May 20th, 1882), has been using the acid internally for the treatment of psoriasis. His cases are as follows: Case 1. Lad aged 16. After having had the disease five months. Nov. 2nd: Three grains of chrysophanic acid and 40 grains of sugar of milk, to be made into twenty four powders; one powder to be taken after each meal. Nov. 9th: Patches much paler, less scaly, less itchy. Four grains of the acid in 24 powders to be taken as before. No vomiting or any sign of gastric disturbance. Nov. 23rd: Patches paler, less itchy. Six grains in 24 powders. Nov. 30th: Eight grains in 24 powders. Dec. 7th: Ten grains in 24 powders. Dec. 21st: Improvement very marked, twelve grains in 24 powders. On the 25th January he was taking 48 grains in 24 powders. Feb. 2nd: perfectly well.

Dr. Napier cites two other cases, but this one contains the instruction necessary for one who wishes to try this promising treatment. By using this drug in this manner, all the drawbacks to its use, externally, are obviated, and in cases where a large surface has to be attacked there will be a great saving effected in the amount of acid consumed in the course of

the treatment. Dr. Napier suggests  $\frac{1}{2}$  grain as a good medium dose to start with, and finds sugar of milk the best excipient. The dose should be increased up to the limits of toleration. One of Prof. Charteris' cases, a girl 13 years of age, takes nine grains a day.

#### SOME POINTS OF GENERAL INTEREST IN OPHTHALMOLOGY.

(Paper read at Meeting of Toronto Medical Society, May 18th, 1882.)

BY R. A. REEVE, B.A., M.D.,  
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School of Medicine; Oculist and Aurist to  
Toronto General Hospital.

(Continued from page 191.)

#### KERATITIS—(CORNEITIS).

In the commonly-occurring phlyctenular keratitis, a sort of corneal herpes with resulting punctate excoriations or superficial ulceration, met with principally in young subjects of strumous habit, with the characteristic picture of intense photophobia, profuse lachrymation, and spasm of the orbicularis, the knowledge of the constitutional predisposing cause and the probable persistence of the trouble until the former is corrected by general treatment and hygiene, and possibly the eruption of teeth is over, has fostered a tendency to let the eyes pretty much alone. Much, however, can be accomplished by local applications, while the systemic medication, by means of cod-liver oil, syr. ferri. iod., maltine and hypophosphites, syr. ferri. phosph. co., syr. calcis lactophosph., arsenic, &c., is carried on, and a proper regimen enforced. The use of atropine in strong solutions, (grs. 2—4 atropiæ sulph. ad. ʒj. aq. dest.), instilled two or three times a day causes marked relief of pain, photophobia, spasm, &c., and is unattended by toxic effects, the dread of which seems to lead many to discard it altogether or to prescribe solutions so weak as to be of little value. The addition of boracic acid grs. x.—x x ad. ʒj. sol. atropiæ is of great service when, as often happens, catarrhal conjunctivitis accompanies the keratitis. Astringents and argent. nit., so commonly resorted to on the supposition that the former is the principal affection, are contra-

indicated because they generally aggravate the much more serious corneal inflammation.\* When the acute symptoms have subsided, the standard remedies are the yellow or red oxide of mercury in the form of ointment, (gr. i-ij. ad. ʒj. vaseline), or plasma (gr. i-ij. ad. ʒj. of glycerinum amyli.); and also levigated calomel, dusted upon the cornea. The red oxide must, of course, be very thoroughly triturated before incorporation and the calomel well washed.

Another form of keratitis, the vascular, with superficial opacity and vascularity, generally of the upper segment, often proves puzzlingly obstinate or recurrent because the efficient cause, namely chronic conjunctivitis, is not detected and relieved. It is important in nearly all cases of corneal inflammation to learn the state of the palpebral conjunctiva. It is to be feared cases are often regarded as keratitis, *per se*, the lids, though as rough as a raspberry, never being everted.

On the other hand, vigorous treatment of the lids should be deferred until pain, photophobia and lachrymation have been relieved by atropine, &c. Iritis, which is a not infrequent result and complication of corneal inflammation, may be readily excited if the present irritability of the eye be increased by the injudicious or premature use of cupri sulph. crystal. argenti nit., or strong astringent collyria. The weak plasma hydrarg. ox. rub. vel. flav. is a useful adjunct, for home application, to the treatment required for the conjunctivitis proper.

It is a pity to have to note that one form of keratitis, the parenchymatous, diffuse, or interstitial, is on the increase in this country, largely by importation, however; occurring generally in the subjects of hereditary syphilis of five to twenty-five years of age who have the characteristic notched or corrugated teeth, and a somewhat significant history if not physiognomy; both corneæ becoming gradually more or less opaque with finely meshed and

deep-seated vascularity, but without ulceration; reaching the acme in from two to eight weeks and receding in as many months, but sometimes leaving a permanent nebula and defective sight. Here again, in addition to proper constitutional treatment and oft-repeated hot fomentations, systematic atropine instillations are required, so as to prevent or combat iritis, which is a frequent complication.

In *ulcers* of the cornea, which are more or less peripheral and unattended by iritis, eserine (eserin sulph., grs. ij—iv, acid boracic, grs. x—xx, aq. dest ʒj.) is often better than atropine, an additional indication being a tendency to bulging or staphyloma of the cornea, and glaucoma. It is especially valuable, conjoined with support by compress and bandage, in large ulcers which weaken the cornea and threaten the loss of the eye, such as sometimes occur in ophthalmia neonatorum and gonorrhœal ophthalmia. In ulcers with iritis or great irritation, especially if they do not threaten perforation and are centrally placed, atropine is preferable, and atropinized oil or vaseline is sometimes better than the aqueous solution. In ulcers with hypopyon an iridectomy may be necessary to arrest the disease; securing also what will likely be required, a new pupil. It also arrests the development of staphyloma and glaucoma where eserine has failed. In certain cases of progressive or "creeping" ulcer an incision through the cornea across the seat of ulceration proves effective, but should not be tried indiscriminately. Corneal ulceration generally indicates, as elsewhere observed, the use of tonics &c., and a supporting regimen.

#### CONJUNCTIVITIS.

Trachoma or granular conjunctivitis may be singled out as the bane of ophthalmic practice, because of its chronicity, the persistent character of the small lymphomata which stud the conjunctiva; the secondary keratitis or ulceration with resulting opacity and impairment or loss of sight, and the permanent changes in the lid, causing entropion, or a bevelling off of the inner lip of the lid with mal-position of the eyelashes (trichiasis), which in turn causes irritation of the eye, if not inflammation of the cornea; to which also epiphora from interfer-

\* Even in phlyctenular and pustular conjunctivitis in which, as a rule, pain, photophobia, &c., are absent, astringents have to be used with caution, boracic acid wash, with a little atropia or morphia, being preferable in the acute stage, and ungt. or plasm. hydrarg. ox. rub. or flav., or calomel, later.

ence with the puncta, &c., adds its quota of discomfort. In chronic conjunctivitis, which is much more common than is suspected, the affected membrane presents generally hypertrophied papillæ as well as enlarged follicles, together with some sub-conjunctival infiltration. The main indication in the treatment is moderate, systematic stimulation by topical applications to the everted lids persistently carried out so long as any follicles, or conjunctival hypertrophy remain, *i.e.*, until the palpebral surfaces become pale and smooth. Two months rarely suffice to effect this, and a year or more may be required, disheartening relapses being too easily provoked by slightly exciting causes.

Electricity is of some value as a stimulant, and I have found galvano-puncture a comparatively painless and efficient means of discussing the obstinate grain-like follicles; but the standard remedies with which we are all familiar, are:—Cupri sulph., crystal. argent. nit., in solution, gr. x, ad xx, ad ʒj aq., or in points diluted, to 33 or 50 per cent. strength with potassæ nit.; the yellow or red oxide of mercury ointment 8–24 gr. ad ʒj, and glycerole of tannin (gr. 20–60 ad ʒj glycerine,) with astringent compresses, lotions &c.; and, of course, appropriate general treatment. The latter is especially indicated where the cornea is involved, and should be tonic in the broadest sense.

Purulent conjunctivitis is of recognized gravity owing to the danger of corneal ulceration, and an effort is now being made to diminish the virulence and lessen the occurrence of the most common variety, that of new-born infants, by antiseptic or anti-specific treatment of the vagina before parturition. It would be a wise routine practice for the accoucheur to daily inspect the infant's eyes during his after attendance, and if there has been any antecedent vaginal discharge, to have the eyes washed immediately after birth with solution acid boracic, and several times a day for a few days.

Some authorities go so far as to say that loss of the eye from ulceration of the cornea in ophthalmia neonatorum is an evidence of malpractice, but the tenable position is that nearly

all cases should recover without corneal damage.

In ophthalmia neonatorum the following line of treatment is almost uniformly successful: the faithful application of cold or ice-water dressings and frequent irrigation of the conjunctival sac with a saturated solution of boracic acid, *i.e.*, grs. xx, ad ʒj aq. (to which zinci sulph. may be added in the proportion of gr. ss. to i. ad ʒj); and the instillation every four or six hours of a few drops of a half per cent. solution of argenti nit. The following collyria are valuable, and are relied upon by some: zinci chlorid and morphia hydrochlor. āā, gr. ij, ad ʒj aq. destill, alum grs. v–x, ad ʒj aq., and carbolic acid in one or even two per cent. solutions. In severe cases, likely due to specific contagion, it may be necessary to apply daily to the everted lids sol. argenti nit. grs. x, ad ʒj aq., or the diluted silver points, followed by weak salt water. And if the cornea become involved, atropine or eserine may be required as already indicated.

That most virulent form of purulent conjunctivitis, the gonorrhœal, would undoubtedly be of less frequent occurrence were plain and impressive statements as to the danger and results of inoculating the conjunctiva made to all subjects of specific urethritis when beginning treatment.

The importance of another precaution should also be emphasized, namely, the sealing up of the sound eye so as to prevent inoculation from its fellow, a mishap not unlikely to occur. This can be effected by a curtain of gutta percha tissue fastened by rubber plaster and flexible collodion to brow and nose, or Buller's shield of rubber cloth with watch-glass set in the middle. The old-time general depletion and salivation have been discarded, and quinine in good doses, and nutritious diet are often found useful. Rest in bed, ice-water dressings, very frequent irrigations of the conjunctival sac with sol. acid. boracic, or of boracic acid and zinc, and the application once a day, or morning and evening, of a ten grain solution of argenti nit., or once a day of the diluted silver points, with occasional light scarifications, and atropine or eserine as may be indicated, constitute the most reliable treatment during the

active stage. Dividing the outer canthus effects both local depletion and relief of dangerous pressure upon the cornea, and is often a valuable expedient. In sthenic subjects, depletion from the temple by leeching or cupping, practised early in the congestive stage, tends to relieve pain and mitigate the severity of the attack.

One word as to hygiene in conjunctival diseases, which, as a rule, are contagious. Greater precautions should be taken than are now in vogue to prevent their spread. All ways of transferring contagion, by towels, basins, handkerchiefs, pillow-cases, etc., should be provided against; and isolation or quarantining in public institutions, and the careful ventilation, etc. of dormitories should be insisted on.

Diphtheritic conjunctivitis is mentioned, merely to draw attention to the interesting fact of its extreme rarity in this country, where, unfortunately, diphtheria proper is not uncommon. And again, the infrequent membranous or croupous variety, in which there is a superficial and adherent plastic exudation, is, I opine, less often of distinctive origin than the result of too early use of caustics or strong astringents in cases of purulent or catarrhal conjunctivitis.

#### IRITIS.

The prompt recognition and proper treatment of iritis are, happily, becoming more common, but I fear its gravity is not yet duly estimated, and too little heed is paid to a disease which not seldom entails the life-long disability of impaired sight, abnormal sensitiveness to exciting causes, with tendency to relapses, and also to other morbid processes, as glaucoma, cataract, choroiditis, sympathetic ophthalmia, etc. The old-time diagrams of the eyeball, showing the lens at some distance behind the plane of the iris, are quite misleading. Were they true to nature the dreaded adhesions could hardly occur. The fact is, the central part of the iris is practically in contact with the lens capsule, and hence the facility with which the two become glued together by lymph, and also the area of the pupil invaded thereby. It is advisable to be always on the alert for iritis, as it is of common occurrence,

either idiopathically, or traumatically, or secondarily to inflammation and ulceration of the cornea; is due to syphilis in from 60 to 70 per cent., sometimes to rheumatism, occasionally to gonorrhoea, and is also of sympathetic origin.

Fortunately, its diagnosis is comparatively easy: a rosy circum-corneal zone of injected vessels, finely meshed and lying beneath the larger, duller, and movable conjunctival set; a dull or discolored iris, contracted, sluggish, or immobile pupil; more or less photophobia, lachrymation, and dimness of sight, with reflex neurosis, the pain being most severe, or possibly only present, at night. Nocturnal pain or exacerbations in and radiating from the eye should at once arouse a suspicion of iritis. Sometimes the greatest distress is felt on the top of the head, and, indeed, towards the occiput, the seat of distribution of the pericranial and cutaneous filaments of the supraorbital nerve. Occasionally, this so-called neuralgia is so severe that it is mistakenly thought to be the cause instead of the effect of the eye trouble, and it is often present in specific cases, though the contrary opinion seems to be held by some. Again, iritis is sometimes confounded with conjunctivitis, with a premature resort to astringents, *et al.* which, of course, aggravate the mischief. The differential diagnosis is generally easily made:—The congestion of iritis is circumcorneal and ocular, attended by lachrymation, not blennorrhoea; that of conjunctivitis is mainly palpebral and in the cul-de-sac, and is soon followed by the hyper-secretion of mucus, muco-pus, etc., while the pupil is generally active and the iris bright, and the vision unaffected, or not dimmed, save by passing shreds of mucus, etc.

I would urge the propriety, where any uncertainty exists, of using atropine, and not astringents; a slowly dilating or irregular pupil will give the desired clue. It will bear iteration that the main point in treatment is to secure and maintain throughout the fullest dilatation of the pupil. This often requires from 3 to 15 or 20 instillations in the 24 hours, of a 4 gr., or 1 per cent. solution of atropine sulph. The sooner resorted to the less required. In few instances does a remedy so fully meet the

indications as does atropine in iritis. It secures *rest* (to iris, ciliary body, and lens), and, largely, relief from pain, and also reduces the area of the inflamed tissue and the calibre of its vessels, and, therefore, the amount of exudation and damage, to the minimum; and removes the iris as far as may be from the lens. A fully dilated pupil is one whose area is nearly equal to that of the cornea.

In addition to the vigorous use of atropine, the principal points to be observed are, disuse of both eyes and their protection from light; frequent hot fomentations, and cupping or leeching at the temple, repeated in twenty-four or thirty-six hours, and possibly, a few times at intervals of three or four days; painting the forehead with oleate of mercury, having gr. i, -ij of morphia and gr. ss-j of atropia, (the alkaloids), ad 3j; pil. opii. or hypodermics of morphia, p.r.n. to relieve pain; and, of course, appropriate constitutional treatment. Where there is much exudation or imperfect dilatation of the pupil, or a tendency to chronicity, a mild mercurial course is valuable even in non-specific cases. In specific cases the free use of oleate of mercury is a good adjunct to other medication and a cleanly substitute for ungt. hydrarg; the latter being preferable where a speedy, decided effect is desired, and the deeper structures are involved. And in cases of chronic or recurrent iritis, where the pupil is invaded, and its margin adherent, in whole, or great part to the lens capsule, an iridectomy is generally indicated. A timely resort to it sometimes prevents deep-seated and irreparable mischief.

(To be concluded.)

#### A CASE OF ACUTE PHTHISIS.

BY J. FERGUSON, B.A., M.B., L.R.C.P., &C.,  
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of Medicine.

M. B. L., aged 29, began to complain of sore throat about the middle of December, 1881. In the early part of January, 1882, she began coughing a good deal, and her voice became very husky and low. At this stage of her trouble one of her children took ill with scarlet fever, and required considerable attention. This was too much for the mother, whose

health now began to go down very rapidly. Night sweats came on and were very profuse, and the temperature was 102 F. The pulse was less than 101 per minute. Debility increased rapidly. Pulmonary signs were well marked. Dr. H. H. Wright, who saw the patient, declared it to be a case of phthisis. About the last days in February she took to her bed and became extremely weak, so much so that she could not raise her head without assistance, and was afflicted greatly with dyspnoea. Early in March the temperature rose to 103 F. and the pulse generally about 130, while vomiting, and diarrhoea became excessive. As the patient could not lie on her left side so as to relieve the right a large bed-sore formed over her right shoulder, and one threatened to appear on the right hip. By the middle of March the cough was very severe and the throat became intensely sore, so that as much as two hours were required to swallow a cupful of warm milk. The voice was low and completely gone, and the patient could only speak in feeble whispers. About this time her feet and legs began to pain her, and soon the pain became so great that the bed clothes could not be borne.

The above is a brief statement of the case. I shall give the treatment which was adopted: A small pasteboard cone to fit over the mouth was made, holding a little cotton wool. On to the cotton wool was put daily a few drops of the following: Acid carbol. ʒii., tr. iodi. etherealis, ʒii. creasoti ʒi., vini. rect. ʒi. The cone carrying this was kept on the mouth almost constantly. For the dyspnoea I tried nitro glycerine, but without any benefit, and then gave ammon. carb. gr. v.; tr. card. co. m. xv.; spts. chloroformi. m. xv; aquæ ʒss., as often as required. After a short time this mixture was given regularly every four hours. The pain in the feet and legs was treated by applying belladonna and aconite ointments in equal parts freely, and bandaging them evenly. In about three weeks, the pain almost disappeared. The vomiting yielded to nothing but injections of morphia and fly blisters over the stomach. For diarrhoea gr. ss. of cupri. sulph. was tried, but found too much for the weakened stomach to bear; so that it was ordered in gr. one-eighth, with morphia gr. one-twentieth in the

form of pills, taken about every hour. Fl. ext. coto-bark, belladonna, and zinc sulphate were tried for the sweating; but with doubtful efficacy. Ergotine, however, gave much better results, and caused no constitutional disturbance of any kind. The throat was sprayed with the following: acid hydrocyan,  $\text{ʒii}$ ; acid lactici  $\text{ʒii}$ ; morphia sulph. gr.  $\text{iv}$ ; glycerine  $\text{ʒi}$ ; aquæ ad.  $\text{ʒiv}$ . Under this the sores in the throat speedily healed, the voice began to return, and a glassful of milk could be taken at one drink. The ulcerated condition of the throat has not returned. Believing in the beneficial action of arsenic in tubercular diseases, the patient was ordered liq. sodæ arseniatis m. i. every half-hour or hour in milk. Owing to the great irritability of the stomach a larger dose could not be borne. Best whiskey was pushed as far as it could, keeping inside the limits of any constitutional disturbance. In this way from six to ten ounces per day were consumed. Up to the beginning of April no preparation of cod liver oil could be taken; but since that date hydroleine has been used.

Such is briefly the treatment adopted in a well-marked case of phthisis with the usual conditions of coughing, sweating, diarrhœa, &c. The patient now sleeps well, has no diarrhœa. Appetite good and takes solids; pain in feet and legs gone; gaining weight rapidly; night sweating a rare occurrence and slight; vomiting entirely ceased; no soreness in the throat; and voice strong. The pulse is 80; temperature normal; and respirations 21. She intends going away soon to spend the summer in the country. The diet was mainly milk.

When the hopeless condition of the patient is considered, and her present condition of improvement I am inclined to think that the acute form of tubercular phthisis is not necessarily fatal; and that much can be done by persistent efforts in treating, on sound scientific grounds, the various symptoms as they arise in each case. It has been shown, especially in Germany, that arsenic is really a remedial agent in this disease; while the local treatment by inhalations and sprays has been too much neglected. There is, perhaps, much truth in the theory that, acute tubercular disease is really one of the continued

fevers with a definite lesion in the form of tubercles, as typhoid with its intestinal ulcers. Should such really prove to be the case, then we may hope for a fairly successful treatment, and the great object is to keep up the patient till the disease has run its course. There are three great laws that we may look upon now as fully settled: 1. That tubercular formation may cease either with or without treatment, and no further progress be made by the disease. 2. That tubercles once formed may undergo absorption, just as other inflammatory products do, on many occasions; and 3. That if the formation of tubercles cease, and those already deposited capable of absorption, then recovery is possible. It is, therefore, of the utmost moment to make this arrest in the disease, and to favour the removal of existing deposits. The time may not be far distant when the question shall be finally settled as to whether tubercle be an arrested cell division, and cell genesis, or a deposit around the small blood vessels of gelatinous inspissated plasma. The great probability is that both these factors will be found to exist. Much has been done during the past ten years in the treatment of inflammatory and febrile diseases, and great light has been thrown upon their true nature by the lamp of science which has burned so brightly in the hands of not a few.

#### CHRONIC ECZEMA.

Mr. K——, has suffered for over a year from eczema of the penis, pubis, scrotum, perineum, and inside of the thighs. His case was truly deplorable, for he had only done one day's work in a whole year. Lately his nervous system had been giving way, and there was a constant tremor on him when the slightest movement was made. A peculiar feature of the case was that the scrotum kept constantly moving in a strange spiral fashion, and the patient said it felt as if it were full of maggots creeping in the skin.

The treatment is briefly this: He takes daily about a ʒl of viola tricolor made into an infusion by steeping it in warm water. His bowels were constipated and were regulated by mist. sennæ co. For a short time at first he was ordered sapo viridis and citrine ointment. The local treatment was then changed to



conium baths. These were made by putting a handful of the leaves into warm water, and after soaking for a short time, this was placed in a strong shallow basin and the patient directed to sit in it for at least twenty minutes, keeping the infusion around all the diseased parts by means of a sponge or soft flannel.

He has been under treatment just one month, and has made wonderful progress. Prof. Charteris, of Glasgow, as far as I can ascertain, was the first to recommend the conium baths.

### HOSPITAL NOTES.

BY MR. FRANK KRAUSS.

#### INTRA-PERICARDIAL THORACIC ANEURISM.

T. E—, *et.* 60, employed as a stableman, applied at the Toronto Dispensary last December for treatment for a long-standing asthma. During his examination attention was attracted to the abnormally powerful pulsations of both carotids, causing a well marked rhythmic beat in the supra-clavicular region on each side. Palpation revealed an unmistakable aneurismal thrill. The case was diagnosed generally, by Dr. J. F. W. Ross, as one of thoracic aneurism, and the patient was placed upon Potass. Iodid, and Digitalis. On the 30th of January he was admitted to the General Hospital, under Dr. Graham's care. During his stay in the institution, the patient was twice brought down to the theatre for purposes of clinical instruction by different gentlemen. On one occasion the diagnosis was aneurism of the innominate, and on the other aneurism of the ascending portion of the arch of the aorta. On Dr. Graham's departure for England the case came under Dr. Cameron's care. At this time the patient was comparatively well, though feeble. He was able to sit up, and complained of no inconvenience beyond slightly laboured respiration, frequent constipation, and almost constant anorexia. The supra-clavicular carotid pulsations and those of the 3rd portion of the subclavian were strongly marked; and the stethoscope revealed pericardial friction and a rough murmur synchronous with both sounds of the heart, and especially noticeable along the course of the subclavian artery. There was a very noticeable angular projection of the sternum at the junction

of the manubrium and gladiolus, and a little to the left of this and opposite the base of the heart a weak spot in the thoracic parietes was apparent, becoming visibly dilated on forced expiration, as in coughing, over a space about the size of a fifty cent piece. The patient was ordered Potass. Iodid, with the Extractum Sarzæ Fluidum, and perfect quiet was enjoined.

April 24th.—The debility and anorexia have increased within the last few days, and there is some cedema of the lower extremities. Has taken no solid food for three days. Ordered the citrate of iron and quinine.

April 25th.—Appetite slightly improved; complains of insomnia.

April 30th.—Much dyspnoea and pain in the thoracic region. Cedema of the lower extremities increasing. Remains in bed in a sitting posture. Still unable to sleep.

May 1st.—Has taken no nourishment since April 26th. Extremities growing cold. Spends the greater part of the time, night and day, in a chair, a return to bed being immediately followed by severe dyspnoea.

The symptoms increased in intensity until death, which occurred on the 3rd of May.

The autopsy was made forty hours after death. Considerable difficulty was experienced in removing the sternum owing to extensive ossification of the costal cartilages. There was slight pericardial effusion and numerous general attrition patches. The heart was enormously hypertrophied, its weight being forty-eight ounces, and the muscular walls of the left ventricle measuring in their thickest part, exclusive of the columnæ carnæ,  $1\frac{1}{2}$  inch. The aorta and all the large vessels were dilated and atheromatous. The ascending portion of the arch was found to be the seat of the aneurism, which was tubular, extending as high up as the limit of the pericardium, with a large sacculus protruding outwards and backwards behind the vena cava superior. The internal circumference of the aorta in the narrowest part of the ascending portion of the arch—at the junction of the concave borders of the semilunar valves, was  $6\frac{1}{2}$  inches, and in the most distended portion of the sac,  $\frac{3}{4}$  in. above this,  $9\frac{1}{2}$  inches. The aortic valves were roughened and imperfect, with calcareous deposits in the aortic sinuses and above

in the walls of the aorta. Similar deposits existed in most of the large arteries examined. A clot filling three-quarters of the lumen of the artery extended along the aorta from the origin of the left subclavian artery to a point 4 inches below. A large calcareous plate one inch square was found in the anterior wall of the same vessel immediately opposite the renal arteries. The lungs were cedematous and emphysematous with double pleural effusion and numerous adhesions. At the junction of the left lung and diaphragm, a bony plate, 1 inch by  $1\frac{1}{4}$  inch, and  $\frac{3}{8}$  inch thick, was found embedded in the lung substance. The abdominal cavity contained a considerable quantity of ascitic fluid, and several long standing adhesions bound the liver to the anterior parietes. Liver small and congested; weight 55 oz. The kidneys were slightly enlarged but otherwise healthy; combined weight 14 oz.

ASCITES—UMBILICAL HERNIA—PARTIAL  
CONSTRICTION—URÆMIA—DEATH.

S. F—, æt. 51, a domestic servant, was admitted to the Toronto General Hospital, on March 20th, suffering from ascites with symptoms of chronic hepatitis. Besides the usual characteristics there was nothing worthy of note in the case, except a long-standing umbilical hernia, which, as the belly became distended, dilated, presenting a roundish bladder-like protuberance about the size of walnut. The patient, on her own admission, had been a hard drinker for years past, and of late, her indulgence in intoxicants had very much increased. She had always been of a full habit, but with the exception of dyspeptic and vesical troubles her health had been good. On her admission to the hospital she was ordered tr. ferri mur. ʒiv. sp. ætheris nitrosi ʒi acid nitro-mur. dil. ʒiv. glycerini, ʒi, aquæ ad ʒviii, ʒss. to be taken every four hours.

April 4th.—Paracentesis was performed to-day, and about a gallon and a half of fluid, deeply stained with bile, removed.

April 5th.—Suffered some pain during the night; bowels were moved several times; pulse 106.

April 6th.—Expresses herself as feeling as well as she ever did, were it not for pains in

the back. Urine is passed freely. Does not get much sleep. A linseed meal poultice was ordered for the back, and the following draught to be taken at bed-time:—Tr. camph, co. ʒii, sp. frumenti, ʒii, aquæ ad ʒiv.

April 7th.—Bowels constipated; ordered Potass: bitart, ʒiv, sulphuris, ʒii, four powders, one to be taken night and morning.

April 12th.—The constipation continuing, the powders were repeated.

April 14th.—Still progressing favourably. Large quantities of urine are passed; the average for the 24 hours being estimated by the patient at 3 quarts.

April 16th.—The abdomen begins to show signs of redistension. Over two quarts of urine (by measurement) were passed during the last 24 hours.

April 19th.—Powders were repeated; and the patient complaining of rheumatic pains the following lotion was ordered to be applied:—Chloroformi, ʒiii, lin: belladonn, ʒiii, tr. aconiti, ʒi, lin. opii, ʒiii, lin. sap. co., ad ʒii.

April 23th.—Constipation continues; powders repeated with the substitution of Pulv. jalapæ co. for the sulphur.

May 1st.—Patient complains of great pain and incessant vomiting, the ejecta liquid, greenish black in colour, and very offensive; pulse 73.

The abdomen gives a dull note on percussion, except immediately over the umbilicus, which is again tumefied and tense; at this spot resonance is elicited, but there is no sign of constriction of the umbilical ring, the gut being apparently adherent on left side but allowing the finger to penetrate between it and wall on right side. Ordered an enema of turpentine and scapsuds, and the following:—Morph. sulph, gr.  $i\frac{1}{2}$ , atropiæ sulph, gr. 4-25, bismuth. trisnitr, ʒiv, acid. hydrocyan (Scheele) mvi, mucilag. acaciæ ʒiv; ʒss to be taken every two or three hours.

May 2nd.—The vomiting continues; complains of intense drowsiness; morphia mixture suspended.

May 3rd.—When seen at three o'clock this afternoon the patient was comatose, having been in that condition since 8 o'clock this morning, when the vomiting ceased. Pulse 128; temperature 102.5. Pupils dilated, breathing

stertorous, face and nose bathed in offensive Perspiration. At 6 p. m. the pulse was 140. Passes water in the bed, quantity not ascertainable.

May 4th.—Died at 5 o'clock this morning.

The *post-mortem* examination revealed nothing of interest in the thoracic cavity. The abdomen was filled with ascitic fluid stained with bile, but nothing like so deeply tinged as that obtained on tapping. The umbilical hernia was pinched and deeply congested but not lustreless nor lymph, a knuckle of bowel  $2\frac{1}{2}$  inches in length being contained in the sac, the neck of which was constricted, being just large enough to admit the point of the forefinger. The parietal peritoneum opposite injected. The uterus was the seat of extensive fibroid growth projecting into the abdominal cavity. One of these of large size was found at the fundus, projecting so far upwards that a tape line stretched from the attachment of one Fallopian tube over the fundus to that of the other tube gave a measurement of 10 inches. A second myomatous mass  $5\frac{1}{2}$  inches in circumference projected forwards and outwards immediately to the right of the mesial line and opposite the attachment of the Fallopian tube; a third outwards, a little lower down on the opposite side; and a fourth backwards and outwards on the back of the neck to the right side. The extreme length of the uterus in the longitudinal direction was  $7\frac{1}{2}$  inches; its circumference opposite the Fallopian tubes  $13\frac{1}{2}$  inches. The left ovary was normal. The right had almost disappeared, and there presented at its upper and outer part (in the parovarium?) a cyst the size of a small orange, apparently unilocular and nearly full of a semi-transparent fluid. Its greatest circumference was  $7\frac{1}{2}$  inches, and in a transverse direction 6 inches. At its base was a smaller cyst about the size of a large bean, tenser than the former, and apparently multilocular or containing solid as well as fluid matter. The liver was small, hard and contracted, yellowish white in colour, granular, and extremely fatty. Other organs macroscopically healthy.

M. Béchamp says that he has discovered living organisms in the gastric juice similar to the microzymes of the pancreas and liver. M. Gautier denies that these are living organisms, and states that they are merely protoplasmic granulations.—*L'Union Méd.*

## A CASE OF ANEURISM OF THE THORACIC AORTA. RUPTURE INTO THE LUNG AND PLEURAL CAVITY.

BY J. E. GRAHAM, M.D., L.R.C.P., LONDON.

Assistant Lecturer in Medicine, Lecturer on Pathology, Toronto School of Medicine, &c.

G. A.—, aged 48 years; residence, Toronto. Admitted January 25th, 1882. Patient has served seven years in the English Army.

**FAMILY HISTORY.**—Father died of old age. Mother living. He has three brothers and two sisters living. No history of lung trouble in the family. According to his own statement he was a strong healthy man up to the commencement of the present illness.

The present illness would seem to have originated in a bad cold which he contracted while working on a railroad. At that time he had no pain and very little cough. Three weeks ago he had a severe pain in the left side which lasted about a week. He has noticed that during the past month his voice has been gradually becoming weaker. He now speaks quite hoarsely. He complains at present of pain in the left side, on moving or coughing, with slight difficulty of breathing. The loss of voice has increased very much during the last two or three days. Appetite poor; bowels somewhat constipated. Urine normal in quantity and quality. Pulse 76, respiration 24, temperature 98. On physical examination of the chest the following conditions were found: Absence of vocal fremitus over the lower half of left side. Increased vocal fremitus over the right side. Dulness amounting to flatness over the lower two-thirds of the posterior aspect of chest. Increased resonance on the right side. Total absence of breathing and voice sounds over the lower two-thirds of chest. They were more distinct in the upper part, both in front and behind. No adventitious sound or aneurismal bruit was heard, although a careful examination was made. The diagnosis made at the time was chronic pleurisy, although some signs, such as the loss of voice, could not in this way be accounted for, and the patient appeared weaker and more ill than one would expect from such a lesion; especially as it did not appear from the examination that a very large amount of fluid existed in the side.

The treatment adopted was potass iodid. and

tr. of digitalis, also pulv. jalapæ co., 3ss. each morning. The examination was made on Thursday. On Friday and Saturday the patient did not appear to be doing well. On Sunday he was not seen. On Monday I found him much worse. On Saturday night he coughed up a considerable quantity of blood; since that time he has become rapidly weaker. Wishing to be more certain in the diagnosis, as well as to try and relieve the rapid breathing, I drew off a quantity of fluid from the side. It was made up entirely of bloody serum, and resembled very much the serum which surrounds a coagulum.

My attention was then directed to the possibility of an aneurism of the thoracic aorta, but could yet see no sign of one. Patient died on Monday about midnight. Post mortem made 14 hours after death.

The left pleural cavity was filled with coagulated blood and bloody serum. The lung, although much smaller than normal, was not so small or carnified as is often the case in chronic pleurisy.

On examining the aorta, a dilatation was discovered at the junction of the descending portion of the arch, and the thoracic aorta proper.

The aneurism was large and irregular, and extended some distance down the aorta. Two ruptures were found, one into the lung substance, and one into the pleural cavity.

A large clot existed in the upper part of the lung, which connected with the rupture of the aneurismal sac.

The heart was small, otherwise normal. The right lung was also healthy.

The history of this case shows the difficulty of making a diagnosis of an aneurism extended into the back part of the thorax. It is possible that if a more careful examination had been made of the upper and anterior part of the left side, a bruit might have been discovered. I am confident that none could be heard over the posterior surface.

I am reminded by this, of a somewhat similar case which occurred in Guy's Hospital. The aneurism had destroyed the bodies of the vertebrae, and by pressure on the spinal cord, produced paraplegia. The presence of the an-

eurism was not made out until the post mortem revealed it.

It is probable that in the case given a previous pleurisy had existed, owing to the presence of the aneurism, and that a serious rupture took place on the Saturday evening into the lung substance, when the blood was coughed up. This rupture into the pleural cavity probably occurred during Sunday or Monday. The flow of blood into the cavity would not be so rapid on account of its having previously been partially filled with serum. How long the aneurism had been in existence, it is difficult to say, but most probably during the last few weeks this dilatation had been rapid, as shown by the loss of voice, and there being no hypertrophy of the heart.

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### Selections: Medicine.

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#### THE SLOW PULSE AND DISTURBANCES IN THE RHYTHM OF THE PULSE.

BY T. A. M'BRIDE, M.D., NEW YORK.

A pulse of 60 or less is usually pathological. Occasionally we meet with cases in which the pulse-beat in health is habitually below 60, but such examples are infrequent.

The following schema, taken from Dr. T. Lauder Brunton's book on the "Experimental Investigations of the Action of Medicines, Part I. Circulation," London, 1875, exhibits the causes of slow action of the heart as determined by experiment on animals, and if you will keep this before you, you will find that it will assist you in the explanation of many cases in which a slow pulse is observed:

*A.*—Irritation of vagus roots: 1. Directly by the action of an excitant, drug, or pain. 2. Indirectly by increased blood-pressure. 3. Indirectly by increased CO<sub>2</sub> in blood. 4. Reflexly by irritation of some other nerve.

*B.*—Irritation of vagus ends in the heart.

*C.*—Increased excitability of vagus ends in the heart.

*D.*—Weakness of the heart: 1. Paralysis of cardiac ganglia. 2. Paralysis of muscular fibres of the heart. 3. Degeneration of muscular fibres of the heart.

A slow pulse is a prominent or important

symptom in the following pathological conditions :

1. *Fevers*.—In typhus, although the pulse, as a rule, ranges from 100 to 120, a slow pulse is not infrequently observed. Murchison reports cases in which the pulse was 29 to 40. In such cases there is usually very great prostration, and the heart may be seriously affected by pathological changes which are common in this disease. In convalescence a slow pulse is very often present. It is well to bear in mind that in adynamic conditions the pulse-beat does not always correspond to every ventricular contraction. Often a pulse-beat at the wrist occurs only after two or three contractions of the ventricle have taken place.

In relapsing fever, although the frequency of the pulse is very great in the pyretic periods, yet in the intervals, it is much diminished in rate.

"In the first half of the apyretic stage, however, the pulse usually continues a little above the normal standard, but for some days before the relapse, when the temperature has regained its normal height, the pulse is in many cases irregularly slow—often not exceeding 40 to 50; but assuming the erect position will sometimes raise it from 50 to upward of 100. The slow pulse is not due to slowness in the contraction of the heart, but to a prolongation of the pause."

2. *Diseases of Heart and Lungs*.—In attacks of syncope the pulse may fall to 20, and even lower, and continue at this rate for some minutes. In the early stages of endo and peri-carditis a pulse of diminished frequency is sometimes observed. In most congenital affections of the heart, and particularly in the *morbis caruleus* a slow pulse is present. In fatty degeneration of the heart and in stenosis of the aortic orifice, the diminution in the rate of pulse becomes a sign of some importance in diagnosis and prognosis. In aortic stenosis the pulse is seldom lower than 50, and is small and incompressible. In fatty degeneration or Quain's disease it may fall as low as 30, or even 20, and a pulse of 10, with continuance of life has been observed. The pulse is small, gaseous, easily compressible. A slow pulse, with epileptiform seizures, has also

been observed in cases in which fibrinous masses were found affixed to the walls of the ventricular cavity after death. Permanent slow pulse has likewise been observed to follow attacks of diphtheria, and the explanation offered for this has been the frequent occurrence of fibrinous masses in the heart, which become attached to the walls of the heart. Charcot, however, has suggested that in such cases some lesion of the medulla or cervical cord may be present.

In pleurisy, with abundant effusion, after the crisis of croupous pneumonia, in the early stages of gangrene of the lung, a slow pulse is often encountered. In all diseases of the air-passages, or of the lungs, in which carbolic acid poisoning occurs, the pulse at first is slow, by reason of irritation of the vagus roots by this poison, but later the pulse becomes very much increased in frequency, from paralysis of the vagus roots by the increase of the poison in the blood. In pulmonary tuberculosis a rather frequent pulse is the rule, but sometimes the pulse diminishes in frequency, and Traube states that this is a sign of bad import.

3. *Affections of the Nervous System*.—In the first stages of cerebral hæmorrhage and cerebral compression a slow pulse is of frequent occurrence, and may also be present throughout the attack, but, usually, and especially when death is imminent, the rapid pulse succeeds.

In what is usually termed the second stage of almost all of the varieties of meningitis, the pulse is apt to be slow. Niemeyer and Traube assert that if in the course of any disease with head-symptoms, the pulse should fall from a high rate, as 110 or 120 to 50, 60, or 70, suspicion should at once be directed strongly to the occurrence of a meningitis. The diminished frequency is most marked in basal and especially in basilar meningitis, in which latter affection it may be 40, or less. In fractures of the cervical vertebræ, a slow pulse is common. Mr. Hutchinson reports a case of fracture of the fifth and sixth cervical vertebræ, in which a regular pulse of 48 was observed. According to Gurli, the pulse may fall as low as 36, and even to 20. Fractures of the first dorsal vertebra seem to be accompanied for a time also by this slowness of the pulse. The

rule is for this slow action of the heart to be transitory, and to be replaced by a very great increase in the frequency, and this occurrence has usually a bad significance. The slow pulse may, however, continue for some time. In a case of Rosenthal the pulse oscillated between 48 and 56 for four weeks, and the patient a child, aged fifteen, recovered. In certain cases of irritation of the cervical spinal cord by neoplasm, tumors, pachymeningitis, etc., a slow pulse has often been noted. Charcot has observed three cases. In one the pulse was from 20 to 30. In such cases syncopal apoplectiform and epileptiform attacks frequently occur, and in the attacks the pulse may fall to 15 or 20. He also refers to a case in which there was a decided narrowing of the vertebral canal near the occipital foramen, in which a slow pulse was observed. In melancholia a slow and feeble pulse is common. Spring records a case with a pulse of 15. In migraine and hemicrania the pulse rate is low during attacks, as a rule. Lieving quotes Wollendorf as follows: "From the beginning and during the continuation of hemicrania the rate of cardiac pulsations is considerably lowered, the normal pulse rate of from 72 to 76 to the minute, sinking to from 56 to 48 beats." Lieving also records cases of gastralgia, hysterical asthma, epilepsy with gastric aura, in which, during the attacks, the pulse would fall to 50 and lower; also cases of hiccough, in which the pulse-rate was so reduced as to be synchronous with the hiccough.

4. In the period of invasion of erysipelas, diphtheria, and some of the exanthemata; in scleroma neonatorum; in convalescence from gastro-intestinal catarrh; in scurvy, gout; in certain cases of malarial affection; in jaundice; in the attacks of lead colic; in ergotism; and lastly, in some cases of uræmic poisoning in the course of Bright's disease, a pulse of 50 and less is not infrequently observed.

*Rhythm.*—The disturbances of the rhythm of the pulse are those of intermission and irregularity.

An *intermittent pulse* is one in which a pause occurs between the pulsations, which is equal to the time occupied by one or more pulsations.

The intermittent pulse may be present in perfectly healthy persons, and may have always existed. Dr. B. W. Richardson has also shown that it may be produced in a man otherwise healthy, by grief, terror, anxiety, fatigue, pain, passion, adverse fortunes, etc. When it is the only peculiarity of the pulse it is not a sign of any great importance, although it is observed often in cerebral hæmorrhage and in cerebral compression from fractures of the skull, in tumours of the brain, in gout and syphilis. It is present often in dilatation and degeneration of the heart, but is then associated usually with an irregular pulse, especially if the patient moves about. The ventricle requires the stimulus of a greater quantity of blood before it will contract, and one, two, or three contractions of the auricle may occur before there is a pulse-beat. In this way, since varying quantities of blood are thrown into the arteries, irregularity of the pulse results.

*Irregularity of the pulse* is a much more important symptom by itself than the pulse with intermissions. The following are some of the diseases or conditions in which an irregular pulse is a sign of importance:

1. *Neurosal Irregularity.*—The irregularity of the pulse which is often very great, may be provoked by peripheral irritation, as dyspepsia, meteorism, worms, etc. It often occurs in hysteria and hypochondriasis, and in anæmia. With the irregularity there is often intermission of the pulse. In this form of irregularity, the neurosal, exertion, effort, or movements of the body of any kind, have but little effect upon the disturbed rhythm of the pulse. The irregularity and intermissions are not increased, and sometimes are even diminished. Irregularity and intermissions of the pulse, however, when dependent upon valvular disease and degeneration of the structure of the heart, are much augmented by the slightest movement. The exaggerated changes in the rhythm are accompanied by dyspnoea, palpitations, and often synope.

2. *Irregularity of Pulse in Heart Disease.*—In most diseases of the heart the occurrence of degeneration of the muscular substance is marked by the appearance of an irregular and

intermittent pulse. There is a variety of valvular disease of the heart, however, in which the irregular pulse is quite constantly present, and without any degenerative change having occurred in the walls of the heart—mitral insufficiency. The irregular pulse is frequently present in cases of mitral insufficiency for years, and the pulse is called the "mitral pulse." Sometimes the irregularity of the pulse cannot be appreciated until the arm of the patient is elevated, and in this position the irregularity is readily noted.

3. *Syphilis*.—Fournier has called attention to the fact that irregularity is of frequent occurrence in the secondary period of syphilis. It may be in these cases irregular to-day and regular to-morrow. It may be irregular in the morning and regular in the evening. It may be associated with the other phenomena of secondary syphilis, or it may occur without any other symptoms of the disease being present at that time.

4. Dr. B. W. Richardson refers to two forms of irregularity of the pulse, which it is of importance to recognize: "Acute Irregularity in Time" and "Prolonged Irregularity in Time."

"Acute Irregularity in Time:" Each stroke is given in the correct order of succession, the one stroke to the other, but in series of five, ten, or other number of beats, differing in rate from other series. In cases of very feeble heart we often meet this condition; we meet it in anæmia, we meet it after loss of blood, and other states of depression.

"Prolonged Irregularity of Time:" This is a condition in which the pulse shall, during one minute, register, say 70, and if counted through a succeeding minute 90 to 100 beats. This form of irregularity in relation of time is met with most distinctively in cases of acute cerebral diseases, especially in the hydrocephalus of children. In hydrocephalus, according to my experience, it is a fatal sign. I have never known an instance of recovery when, with other acute disease, this prolonged irregularity has been markedly present.—*Walsh's Retrospect*.

Dr. Graham of Toronto is now in Vienna.

## ACUTE RHEUMATISM COMPLICATED BY ACUTE ENDO-PERICARDITIS.

BY WM. PEPPER, M.D.

Professor of Clinical Medicine, University of Pennsylvania.

We have been receiving a number of Russian refugees lately. They have been unable to speak any dialect with which we are familiar, and we have, therefore, been obliged to diagnose every case by physical exploration.

This very nice-looking lady came in yesterday, evidently suffering from acute inflammatory rheumatism, as you can see at once, by glancing at the left wrist joint. This is like studying the diseases of children and animals. You will often come across cases where, either from the condition of the patient or his inability to speak your language, you will have to depend on the physiognomy, direct exploration of organs, and the use of instruments of precision, in order to make the diagnosis. The wrist joint is not much swollen, but the way in which she holds it is perfectly characteristic. Her temperature is 101.6°. There is a decided mitral systolic murmur, quite loud and rather coarse, supposing it to be recent. There is no aortic trouble. In addition to the mitral systolic, I hear a faint mitral pre-systolic murmur, showing that there is a little roughening as well as insufficiency of the mitral valve. With this there is quite a distinct, churning, friction sound at the point of the heart. We have, therefore, an endo-pericarditis. Pressure over the heart is painful. The hands and the joints of the lower extremities are also affected with rheumatic inflammation.

What is the treatment? We have moderate fever, acute rheumatic poly-arthritis, and acute endo-pericarditis. The tongue is dry and brownish in the centre. In cases of this kind, where the heart is already affected, I do not like to depend upon salicylic acid or the salicylates. My observation has been adverse to their use in complications of a rheumatic character. In simple acute rheumatism (rheumatic fever with poly-arthritis), I like to try the salicylates, and I give them a fair trial for a few days. If they do not then do good, it is not worth while to continue their use.

In this case the fever is moderate, and does

not constitute a serious complication. As long as the fever is under  $103^{\circ}$ , it is of no consequence. The worst complication is the cardiac trouble, which, unless relieved, is going to leave this woman crippled for life. We must resort to such remedies as will, as quickly as possible, affect the heart. I, therefore, placed this woman upon calomel, opium, and digitalis, giving her quinine, in moderate doses, by the rectum. She has received eight grains three times a day, dissolved, by the aid of a few drops of dilute sulphuric acid, in three ounces of liquid. When necessary, it was guarded by a few drops of the deodorized tincture of opium. She was given the following pill:—

R. Hydrarg. chloridi mitis,  
Pulv. opii,  
Pulv. digitalis, aa gr.  $\frac{1}{4}$ . M.  
Ft. pil. No. 1.

Sig.—One every four hours.

This will, in the course of four or five days, slightly touch the gums, which is the condition I wish to produce. Over the cardiac region I shall place a blister, four inches square, followed in a few hours by a poultice, and afterwards dressed with diluted resin cerate (resin cerate, 1 part, cosmoline 2 parts). The affected joints will be painted with iodine, morning and evening, and wrapped in raw cotton or wool. She will receive a light diet of gruels, broths, and milk diluted with an equal part of water. Of these she can have as much as she will take. She may also have a little weak lemonade. It will be interesting to watch the course of this endocarditis. Her general appearance is more favourable than we might have expected. The moderate fever and absence of nervous complications justify us in hoping that we shall overcome the cardiac trouble.—*Medical and Surgical Reporter*.

Prof. I. Moleschott, of Rome (*Wien. Med. Woch.*) in a lengthy article gives a careful analysis of the treatment of diabetes mellitus with iodoform. He is of opinion that it is of decided advantage, and exerts a greater control over the amount of sugar than the amount of fluid passed. His formula is: iodoform, 1.0 gr.; ext. lactuc. sat., 1.0 gr.; cumarin, 0.1 gr.; gummi acac q.s.; ft. pil. 20. One twice a day, increasing to two four times a day.

THE PROPER DOSE OF CONIUM.—*Seguin* (*Archiv. of Medicine*, April, 1882), commenting upon the dose of this agent (he employs the fluid extract, Squibb), says that to get any effect from it we must use much larger doses than are usually recommended. He has used it in chorea, spasm of paralysed limbs, general irritability, and insomnia. To obtain muscular relaxation as in chorea, after a few tentative doses of 20 and 40 minims, he gives 60, 80, or 100 minims, which cause ptosis (sometimes diplopia) and paresis of arms and legs. He does not repeat until the effects have passed off—12 to 24 hours. He has almost perfectly cured a chronic adult chorea of 14 years' duration by teaspoonful doses daily for a month or more. Many cases of insomnia with wakefulness in the first part of the night, more especially those with fidgets or physical restlessness are very much benefitted by conium—m. xx with gr. xx bromide of potassium, to be repeated if necessary. The indications of conium can only be fulfilled by obtaining its physiological effects between which and the toxic effects there is a wide distance.—*Maryland Medical Journal*.

DIAGNOSIS OF DEATH.—In an article on hasty burials, the *Med. Press and Circular*, after referring to a recent case in Brussels where a cataleptic child barely escaped being burned, states that an ophthalmoscopic examination is an excellent means of diagnosis. During the last agony it is easy to identify the gradual anæmia of the arteries and the pallor of the optic papilla. When life is extinct the veins become separated at points as if cut by a knife, due to the liberation of the gases of the blood. The phenomenon is called pneumatosis.—*Louisville Medical News*.

THE HYPODERMIC USE OF AMYL NITRITE.—J. J. Frederic Barnes, M.B.C.P., F.R.C.S. writing to the *British Medical Journal*, says he has employed the Nitrite of Amyl hypodermically, upwards of thirty times during the last eighteen months. He uses a ten per. cent. solution in rectified spirit, injecting ten minims (one minim of the Nitrite) each time. He reports instant relief in lumbago, paraffin poisoning, and duodenal colic.



Dr. Karl Körbl (*Wien. Med. Woch.*) records 23 cases of lymphoma treated by subcutaneous injections. He tried Fowler's solution, carbolic acid, iodoform, etc. for this purpose. Latterly he has used tinct. iodi, and injects into the most prominent part of the swelling a sufficient amount to cause distinct tension. This is followed by much swelling and pain, but by the third day these are nearly gone and massage is then practised. The injecting is to be repeated as may be required.

THE ARREST OF FERMENTATION.—M. Paul Bert, following in the steps of M. Bechamp, has, by a series of experiments, discovered that oxidised water arrests fermentation resulting from the presence of living organisms, (vibrios, bacteria, yeast cells, &c.), but is inert in the presence of amorphous ferments (diastase, saliva, pancreatic juice, &c.)

Dr. I. Rabitsch, of Cairo, in the *Wien. Med. Woch.* speaks very highly of a ten per cent. solution of salicylic acid in forty per cent. alcohol for the treatment of psoriasis, eczema, and especially the different varieties of tinea. He records a number of cases, and claims that it is an excellent parasiticide.

### Surgery.

FRACTURE OF THE ASTRAGALUS.—At a recent meeting of the Medico-Chirurgical Society, of Montreal, Dr. Shepherd, Demonstrator of Anatomy, McGill College, read a paper on a hitherto undescribed fracture of this bone, and exhibited three specimens, all of which were obtained from dissecting-room subjects. The portion fractured was the process external to the groove for the tendon of the flexor longus hallucis muscle, to which the posterior fasciculus of the external lateral ligament of the ankle-joint was attached. Dr. Shepherd thought that it was produced by extreme flexion of the ankle with a twist of the foot outwards, and was probably one of the lesions which occurred in severe sprain. He suggested that it might account for some of the cases of severe sprain which recovered with impaired movement of the joint. The union

was fibrous. He was not able to produce the fracture experimentally. At a subsequent meeting, Dr. Shepherd showed a fourth specimen in which there was bony union. Unfortunately, there was no history of any of the cases.—*Medical News.*

REMOVAL OF PLASTER-OF-PARIS BANDAGES.—Dr. F. H. Murdock, of Bradford, Pa., says: A very convenient way to remove a plaster-of-Paris bandage is as follows: Take a strong solution of nitric acid, and by means of a camel-hair pencil paint a strip across the bandage at the most desirable point for division. The acid will so soften the plaster that it may be readily divided by means of an ordinary jack-knife.—*Nashville Journal of Medicine and Surgery.*

### Midwifery.

M. Budin considers that the present theories which make the abdominal walls play the principal role in the engagement of the foetal parts during the latter weeks of gestation, should not be accepted without question. He has been in the habit of teaching that the muscular fibres which attach the uterus to the pelvic walls also pay an important part in determining this engagement.—*L'Union Méd.*

THE CORPUS LUTEUM.—At a meeting of the Obstetrical Society, of London, Dr. W. A. Popoff, of Pensa, read a paper on this subject. In it he described the case of a prostitute, aged 21, dying of prussic acid poisoning, in which he found a fully ripe corpus luteum, although the woman was neither pregnant nor menstruating. The President (Dr. Matthews Duncan) said it was important to have the view confirmed that a corpus luteum, having all the characteristics of that met with in pregnancy occurred in women who were neither pregnant nor menstruating. He had seen such a corpus luteum in an aged woman who was believed to be salacious, and he had dissected cases of pregnancy with complete absence of corpus luteum.

### Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—In the report of a "Case of (so-called) Tropical Abscess of Liver," published in your last issue, it is stated that a subsequent examination of the patient was made in the "presence of Dr. Canniff," &c. Your readers would naturally infer that I was present as a friend of the family, or from curiosity. I am not in the habit of trying to advertise myself by inviting professional or non-professional friends to see extraordinary cases I may have under my care, nor of being "present" at examinations or operations, unless in a professional capacity. In this case I was asked by the family of Mr. B. to meet Dr. Aikins in consultation, who had called in Dr. H. H. Wright. I was in consultation for four days, and was equally responsible with those gentlemen in making a diagnosis, and in determining the course of treatment to be pursued.

Respectfully yours, WM. CANNIFF.

Toronto, 13th June, 1882.

[We are sorry that Dr. Canniff has suggested such an interpretation, as Dr. Cameron wrote out the report, and the possibility of this misconstruction would never have otherwise occurred to him.—ED.]

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—During the last year I have read a great deal in your valuable JOURNAL about Dr. Bray's "*inexpensive*" method of examining a certain Dr. (?) John Hall, Homœopath, of Toronto. What does it all mean? I have never seen anything in the act which provides for "*inexpensive*," or any other method of examination before the Medical Council than the one specified therein. If I am correct, (and I think I am) the expense for "*final examination including registration*" is \$30.00, I, therefore, cannot see where the "*inexpensive*" comes in, when the said Dr. (?) Hall's father paid \$20.00 each, to at least five members of the Council, after the said examination was over, which was really only a nominal one, and not a test of professional qualification, which I suppose an examination to be intended for. Was this

\$20.00 (*each*) transaction, an understood thing before the "*examination*"? I have my information from one of the \$20.00 recipients *himself*, a Homœopath, consequently it is very likely true, and if the council requires his name for the purpose of investigating the matter I will give it. Did *each* and *every* member of the council, who voted for Dr. Bray's "*inexpensive*" motion and against Dr. Wright's "*protective*" one, receive the same amount? If so, I would consider it a *very expensive* method. Again, how did Dr. Bratton, late of London, Ontario, become registered a few years ago? It is well known in London that he did not comply with the requirements of the law. Is there *much* of this kind of work going on in the council? If so, it is very *unjust* to the profession generally, and not *very creditable* to the Medical Council of Ontario, while, at the same time we condemn the acts of the no'orious Buchanan of United States' fame and his *very learned* "*graduates*" (?). Is anything ever to be done with these Buchanan "*gentlemen*"? They are *each* and *every* one of them guilty of violating the law by securing "*registration*" by misrepresentation, (in act or word) or in very plain terms, *fraud*, for they know how they obtained these *high* (?) *degrees* and just how much they are worth (*professionally and financially*), *professionally*, nothing, *financially*, a great deal. Can it be possible, Mr. Editor, that money can purchase medical registration in our Ontario? Have the members of the Council "*sold their birthright for a mess of pottage*?" I sincerely hope not. Being only a *country* practitioner, and living a long way from the great medical centre, I (of course) am ignorant of many council and other matters professional, but having been a very long time "*in harness*," and taking a great interest in every thing that concerns my profession, and more especially its honor and integrity, I desire to learn and know all I can regarding its affairs. I, therefore, write you for information. Hoping you will give me all the information which I have asked for, and that you will excuse the length of this letter.

I am yours truly,

C. W. FLOCK, M.D.

LEAMINGTON, June 9th, 1882.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

DEAR MR. EDITOR,—In giving you a few notes of my tour I shall commence with Glasgow. There are two large hospitals in that city, the Royal Infirmary and the Western Infirmary. I was shown through the former by Dr. White, one of the resident physicians; I was very much interested in Dr. McEwen's cases of osteotomy. There were about thirty of them in the wards; some waiting to be operated on; some lying in bed on whom the operation had been performed; and others again walking about the wards, exhibiting the success of the treatment. In most of the cases, the operation was made for deformities of the lower extremities, the results of rickets.

I was told by the house surgeon that five or even more operations had been made on the one patient. They are performed under carbolic spray, and the wounds are dressed antiseptically. The resident surgeon also told me that during his term of service there had been no unfavourable results, and in many the temperature did not rise above a hundred degrees. This is the more remarkable, when one considers what miserable constitutions the patients frequently have. The success of the treatment, as exhibited in some of the cases was very marked indeed, and it must be a great source of gratification to Dr. McEwen to have instituted a method whereby so many are cured of what were previously considered to be hopeless deformities. It would seem at first rather venturesome to produce two or three compound fractures in a patient at one time, for that is what osteotomy really amounts to, but experience has shown the procedure to be a very safe one. It is often said that surrounding circumstances frequently develop men of great achievements. This might be said of Dr. McEwen as I have never seen so many deformed rickety children in my life as I saw on the streets of Glasgow during my short visit. If any one could give a method whereby these deformities could be prevented, he would prove even a greater benefactor to the human race than Dr. McEwen.

The Royal Infirmary will accommodate six hundred patients, and although the building is old the wards are kept very clean and in good order.

The Western Infirmary, a beautiful structure, was erected about eight years ago. In going through this, as well as the Infirmary at Edinburgh, one is struck with the great liberality of a people who would willingly spend so much for their suffering fellow-beings. It is an example which it would be well for us more and more to imitate. I regret that I was not shown through this Institution by any of the medical staff, as it was not the hour for visiting. In both hospitals the members of the staff attend at 9 a.m. and remain until 10 or 10.30. They are very punctual, which is a matter of great advantage both to the inmates and students. Glasgow presents great facilities for clinical study, both on account of the size of the city and the number of the poorer classes; but the system of instruction does not appear to be one which attracts many students from a distance.

Edinburgh as a place for medical study is very far ahead of my expectation. There are here five medical schools, the two largest being the one connected with the University, and the College at Minto House. I am told that there are over fifteen hundred medical students here. The Royal Infirmary, a noble building, is in my opinion superior to any similar institution which I have visited, not excluding the New York Hospital or St. Thomas's, London. The clinical teaching appears to be of three kinds: (1) regular clinical lectures given in the amphitheatre; (2) ordinary bedside instruction, which is given in a very thorough and systematic manner; (3) by what is called history reading. One of the clinical clerks reads the history of a case, after which the teacher corrects parts which need corrections, and gives a short clinic on the particular disease present. The number of clinical clerks which a lecturer may have appears to be unlimited. I had the pleasure of hearing Dr. Grainger Stewart give a clinical lecture on ascites. The patient was brought in from the ward on a stretcher made in the form of a long basket, which was rolled along on small wheels. The shape of the basket prevented the clothes from falling off and the patient in this way getting cold.

Another point in hospital management which I noticed, both here and in Glasgow, was that

the food (for dinner) was brought up to the wards from the kitchen in large copper pans with double bottoms, the space between the bottoms being filled with hot water and the food in this way kept warm.

I do not know whether any improvement of this kind has lately been made in the Toronto Hospital or not. Formerly the patients complained very much of the food being brought up cold.

The subject of pathology, including pathological histology, now receives a large amount of attention in Edinburgh. Two hours a day are given by Dr. Hamilton on the latter subject. The sections already made by the microtome are passed around to the class. Each member takes one and mounts it while the teacher is explaining the structure by black-board illustrations. In this way two sections are mounted by each student, during the time.

In the post-mortem room I saw an examination made on one of those peculiar cases of idiopathic anæmia in which there was degeneration of the supra renal capsule without bronzing of the skin. I was told by Dr. Hamilton that he had frequently made post-mortem examinations on cases of so-called idiopathic anæmia, but that so far he had arrived at no definite conclusion as to their pathology. Dr. Greenfield, the new lecturer on pathology, I regret I did not hear.

I was very much surprised on seeing the notices for clinical lectures, as well as those for courses of private instruction posted on the wall on one of the public streets. One can see similar notices in the windows of many of the principal drug stores. The latter method is very similar to the manner in which star actors and leading concert singers announce their appearance. It is a quiet and excellent way of advertising specialties as the public can at once find out who treats diseases of the eye, ear, throat, skin, &c., with the greatest skill. I am afraid, however, it would not be allowed by our American code of ethics, in fact if I remember one of our own brethren was somewhat censured by yourself, for in this way announcing his removal from one house to another. We will look more leniently, perhaps, on these mistakes when we consider that

the Physician-in-Ordinary to the Queen in Scotland, is announced by posters to lecture in the Royal Infirmary, at such and such an hour each day, on clinical medicine. The same mode of advertising is adopted by a medical school in Glasgow. In my humble opinion all such methods should be condemned.

The new Medical School connected with the University, now in course of erection, is a magnificent structure. The dissecting-room is over a hundred feet long and three hundred students can work in it at one time.

As to new points of treatment I have not observed much. In the Glasgow Infirmary two or three cases of locomotor ataxia were shown, in which nerve stretching had been done. One of the patients was considerably improved. In the same hospital was a case of psoriasis, in which the internal administration of chrysophanic acid had been adopted, and no local treatment used.

There was decided improvement shown. The medicine was given at first in half-grain doses, in pill form four times a day. The dose had been increased gradually to two grains. At different times the stomach rebelled, but afterwards became tolerant of the remedy. In Edinburgh, as in very many medical schools, the subject taught as clinical medicine is in reality medical diagnosis, little attention being paid to special treatment. This is, perhaps, the correct way, as a student can only be taught the general principles of treatment. In actual practice one has to so large an extent to be guided by circumstances.

One point worth noticing is the very friendly way in which the different schools arrange the hours for clinics, so that they do not clash. It confirmed me in the idea that we should persevere and further elaborate the system which was adopted in the Toronto Hospital last winter.

J. E. GRAHAM.

Leipsig, June 1st, 1882.

The *Medical Herald*, of Louisville, in noting the endeavour to obtain a charter for a company to establish a cremating furnace in Louisville, gives, most succinctly, the arguments in favour of cremation, and disposes of the objections in a masterly manner. We agree with the *Herald* that "intelligent and public-spirited citizens should aid the enterprise."

THE CANADIAN  
*Journal of Medical Science,*

A Monthly Journal of Medical Science, Criticism,  
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JULY, 1882.

THE MEETING OF THE ONTARIO  
MEDICAL COUNCIL.

The recent meeting of the Council was upon the whole, the most satisfactory ever held by that body. There was none of the angry discussions, or petty personal conflicts, which often characterized the meetings of the past. In fact, after the business was concluded, there was a serious consultation between some of the old veterans who sighed for the glories of the past, and other ambitious braves, at which the opinion was freely expressed that the proceedings had been too tame entirely. Notwithstanding the disappointment of these few worthy individuals, we must express our great pleasure at the vast improvement shown by the Council in its mode of conducting the ordinary business of this session. Every question which came up was most carefully considered before any decision was reached, and, in consequence, there was none of that hasty and extraordinary legislation, which, in some former years, resulted in numerous astounding and indefensible acts.

Among the many questions considered, one of the most important was that of Examinations and Examiners. It was proposed to institute a change requiring yearly examinations instead of the primary and final, as demanded at present; but as this plan had been tried before, and changed only two years ago, it was decided to make no alterations. Without discussing the merits of the question, we think the decision a wise one, as frequent changes are, to say the least, useless, and at the same time exceedingly perplexing and harassing to the students. The Examining Board will give

general satisfaction. We are glad no sweeping or radical changes were made. Six of the old board were re-appointed, and three new appointments were made. We regret exceedingly, however, that Dr. Eccles, who was one of the most thorough, careful, and efficient examiners the Council has ever had, should have been retained no longer than the miserable term of two years. The appointments of the former examiners from the Toronto Schools, and Dr. Canniff in Surgery, are highly satisfactory. Dr. Oliver, of Kingston, is not well known here, but the fact that he possesses the confidence of his colleagues, should be a sufficient guarantee of his efficiency. Dr. Tye, of Chatham, becomes an examiner for the third consecutive year in the same subject, Physiology. This is one of the cases where the Council has broken through that wretched two-year rule, and we hope he will be retained for seven more years. As to Dr. Dickson, appointed a second year in Materia Medica, eight more years would be satisfactory. Dr. Burdett is well spoken of by those who know him. In discussing the merits of different men proposed as examiners (sometimes, by the way, a very delicate matter) there was evident on the part of the majority a desire to choose men *eminently qualified* for the various positions. Less of the old style of arguments were advanced such as: "There hasn't been a man from my division for some time; its about time you give us a chance, there's Dr. —, he's a first-rate fellow, besides he worked hard for me in my election." When asked, "Well! what subject do you propose him for," the answer was frequently, "Oh, anything you like! I don't think he's particular." There may be a few universal genii, who are qualified to examine in any or every subject; they are seldom found, however, in any country but this.

We are glad to notice that a Committee has been appointed to sell the old building at present occupied by the Council, buy a new piece of land, and erect a building better suited for its purposes than the present dilapidated looking edifice. As this property is supposed to be worth from eighteen to twenty thousand dollars, there is no reason why a commodious and suitable building should not be erected in a locality sufficiently convenient for all practical purposes.

In arranging the plans we hope the Committee will keep in view the desirability and probability of establishing a museum and library in the near future, and have rooms which may be used for these purposes.

Those reading an account of the meeting will notice Dr. Playter's plan for collecting vital statistics. As it is founded upon the principle of paying for the work done, even though that payment be very small, we consider it the most practicable yet proposed, and hope the Dominion Government will favourably consider the proposal.

One of the last acts of the Council was the appointment of a Committee to seek certain changes in the Act from the Legislature. One of the most important required is conferring the power on the Council of taking away the license from any party who is found guilty of unprofessional acts. As a case in point, we have the authority of the President, in words publicly expressed, that some despicable mortals, who unfortunately are legally qualified practitioners, are actually for money considerations giving their names to "Drs. K. & K." of Detroit, the most notorious and unscrupulous quacks at present known in this country, to be used as a shield against the just penalties of the law. We cannot help sharing, to a certain extent in the anxiety of those who have heretofore objected to asking any amendments to the act from the Legislature through the fear that something might be done which would be objectionable to the profession. We trust that the present Committee will be "wise as serpents and harmless as doves," and if they are unable to accomplish much good, we hope at least that they may do no harm. All will be glad to know a new Register is to be issued shortly.

NOVEL METHOD OF SUICIDE.—On May 26th, Sarah Newman, in the Cork Hospital for Women and Children, committed suicide by stuffing her stocking down her throat, so firmly that when discovered it was extricated only with great difficulty. It was done so quietly during the night, that the occupants of the next beds were totally unaware of anything amiss until the morning.

## THE JUNE MEETINGS.

Three representative medical associations met in June. The American Medical Association in St. Paul, the Ontario Medical Association in Toronto, and the Association of Asylum Superintendents in Cincinnati. Other associations, such as the Massachusetts State, the New Jersey State, and the American Surgical Society, also held their annual meetings, but to these it is not our present purpose to refer. Of each of the three first named we have heard it said, "professionally it was a failure." The American Medical Association, however, accomplished one good deed in stamping, with the seal of professional reprobation and execration, the sprouting libertinism of the New York Code. By a unanimous vote the Association declined to receive the delegates from the recalcitrant State Society. We trust, and doubt not, that a similar reception awaits those who were accredited to the Canada Medical Association. Yet another proper step in its own interest was taken by the American Association, viz., the decision to publish a weekly journal instead of the annual volume of transactions. The former we are confident cannot but redound to its credit and advantage, the latter we are no less sure has added nothing to its prestige or reputation. At the Ontario Association's meeting there was no dearth of papers, but they were not at all up to the average of what might justly be expected. Discussion, too, was jugulated in the haste to hear them all, and thus the salient points were not duly emphasised, and the excrescences of error or exaggeration went unworn of argument, unpolished by criticism. The Asylum Superintendents at Cincinnati not unwisely concentrated their energies on recreation, and enjoyed themselves immensely. Only six papers were read in a four days' session; and of those the best was probably that of Dr. R. M. Bucke, of our London Asylum, on the development of the intellect. Even of this a Chicago reporter said it was too metaphysical to be intelligible. Thus it will be seen that the summer solstice has not proved propitious to the parturition of professional wisdom. The advent of Minerva is not yet, since of these three chief associations

it may be said, "*Parturiunt montes, nascitur ridiculus mus.*"

Let the members of the CANADA MEDICAL ASSOCIATION see to it that, in September, they fall not into like condemnation. The Montreal men have always been the mainstay—the backbone—of this Association. They have always sent a fair contingent to its meetings; and these have ever acquitted themselves individually creditably and well. The gauntlet of past achievement lies upon the ground, and the profession in Toronto has another opportunity to enter the lists and pick it up. In the contest of honourable emulation and worthy rivalry, which follows issue thus fairly joined we need not despair, but with an equal mind strive manfully for the victory. *Palmam qui meruit ferat*, say we all.

#### OUR CONTEMPORARY.

The homœopathic organ of Toronto thinks, or affects to think, that the letter of "Junius," which appeared in our May issue, was our own production, under a "transparent *nom de plume*." We take pleasure in assuring our friend that neither the letter in question, nor any other letter which has appeared in this Journal, was written by the Editor or Editors. We have the courage of our convictions in representing the Profession of this country, and will never stoop to any such cowardly subterfuge in expressing our views. Our columns are always open to any respectable correspondents, who must, of course, be held responsible for the opinions they express.

As to "Junius," we may say that, in his letter, he either did not know, or omitted to mention, the principal motive which inspired the articles in the *Lancet* with reference to the claims of the Board of Health, i.e., the strong personal enmity shown by the editor of the *Lancet* towards Dr. Oldright since the year 1877, which arose out of a contest for the Senate of Toronto University, (in which the latter committed the unpardonable crime of defeating the former by a large majority). This is, of course, a purely private matter, and no business of ours, and we are only sorry in the interest of journalism and the professional

public, that so petty a matter should cause an editor, in discussing so important a measure as the appointment of a Board of Health, to make a purely personal attack on any member of that Board. Without doubt, any journalist descending to such a course must at once lose all the influence his writings would otherwise exert.

The latest reference to this Journal as the "organ of the Toronto School of Medicine" is somewhat touching. It brings us back to the times past when the *Canada Lancet* with its "largest circulation," in capital letters, frequently repeated, was, before its capture by the homœopaths, the respectable and respected organ of the Trinity Medical School. We learn with grief that a serious difficulty has arisen which slightly complicates matters. It is said that some of the homœopaths object to being placed in a false position by being asked to consult with regulars, who do not believe in their peculiar tenets, and with whom, therefore, they can have no common ground. If, on these considerations they repudiate the *Lancet*, its prospects become gloomy in the extreme, and grave fears are entertained that it may tumble into the "deep sea," and be nobody's organ; except the proprietor's.

We dislike to contemplate so sad a picture, and trust that a much brighter future is in store for that Journal. We hope the Editor will calmly, deliberately, and dispassionately, reconsider the whole question, sincerely repent his evil ways, and like the prodigal of old, return to the bosom of his numerous former friends in the Profession, who will doubtless receive him with open arms and much rejoicing. Although, in his recently acquired loss of vision, he accuses us of "bad taste," still, we will forget it all and gladly join our efforts with those who are anxious to accomplish a result so happy, but apparently, at present, so unlikely. This amblyopia will, perhaps, also account for his overlooking the letter of "*Notandi sunt tibi mores*," which we innocently supposed would have interested him even more than that of "Junius."

Dr. H. C. Burritt, of Peterboro', is coming to Toronto, where he intends to locate permanently and engage in practice.

Dr. Halliday, of Grafton, has gone to Peterboro'.

## BOARDS OF HEALTH.

In an excellent paper, entitled "Suggestions for the Reorganization of the Sanitary Service," read before the Society of Medical Officers of Health, of Great Britain, by Dr. E. F. Willoughby, the proper constitution of a Board of Health, is thus laid down:—A Vice-President (subordinate only to the President of the Local Government Board, or Minister of Health), always a physician chosen for his special knowledge and administrative ability, and six other members, three medical men, two engineers, and one chemist. The suggestion is undoubtedly a good one; and it is with pleasure we have heard of the possible addition to our Provincial Board, of Prof. John Galbraith. The further addition of a competent and able chemist, would approximate our Ontario Board to Dr. Willoughby's ideal. In this connection we would like to direct the attention of our contemporary, the *Canada Lancet*, to the fact that association in such matters with non-professional persons is quite *comme il faut*, as the deliberations of such Boards in no sense constitute a medical consultation. Our contemporary is guilty, therefore, of an egregious *non sequitur* when he endeavors either to derive countenance for consultation with homœopaths from the presence of a homœopathic practitioner on our Provincial Board of Health, or to discredit that Board, with the profession of the Province, by reiterated allusions to the fact. If a disciple of Hahnemann, or any other unprofessional man, can bring any light to bear upon the problems of sanitation which await solution, let him speak, and the true disciples of Hippocrates will be the last to scorn his information, or refuse him audience. They will not readily desert, however, the substance for the shadow.

We are much obliged to Dr. Talbot Jones, of St. Paul, for copies of the *Daily Pioneer Press* of that city, containing reports of the last meeting of the American Medical Association; and only regret that pressure on our space prevents us making as much use of them as we would desire.

Von Langenbeck has resigned in Berlin.

## DEATHS UNDER ANÆSTHETICS.

Two deaths from anæsthetics occurred in Guy's Hospital in one week during the month of April. The first was caused by chloroform, which was administered to a woman æt. 38, while a fracture of the leg was being reduced. The heart had been examined, and no sign of disease discovered. *Post mortem* examinations showed lungs healthy, heart surrounded by adipose tissue, which intruded into muscular substance in places, liver very fatty, kidneys slightly fatty, brain wasted, and membranes thickened (as often found in chronic alcoholism.)

The second death was caused by ether, which was administered to a young man about to be operated on for empyema. When under its influence he was rolled on sound side, when breathing became difficult, pus began to well out of mouth, and he rapidly died apparently from accumulation of pus in air passages. At *post mortem* examination, in addition to pus in pleura, numerous fistulous communications were found between the bronchi and the pleural cavity. The *British Medical Journal* says the case appears to furnish a warning in relation to the use of ether during operations for empyema. Ether exerts its lethal action first on respiration, and causes greatly increased accumulation of mucus in the throat. Both of these conditions must operate unfavourably on a patient already deprived of all use of one lung; and, when such a patient is turned on the healthy side, not only is the action of the lung on that side still further embarrassed, but there is a great probability that pus will find its way by fistulous openings into the trachea, as occurred in this case; and there, partly by mechanical action, and partly by producing spasm of the glottis, determine a fatal asphyxia.

## PERSONALS.

Dr. Boyce takes Dr. Halliday's place in Grafton.

Dr. McConnell is leaving Thornhill, Dr. Nelles taking his place.

Drs. W. T. Aikins and Covernton, of Toronto, have gone to England for a trip.



Professor H. I. Bigelow has resigned the Professorship of Surgery in Harvard University, after having been connected with the school for thirty-three years.

### DOCTORS IN THE DOMINION ELECTIONS.

At the recent elections there were ten doctors elected in Ontario, four in Quebec, and three in Nova Scotia, viz :—

*Ont.*—Dr. Bergin, Cornwall; Dr. Hickey, Dundas; Dr. Wilson, E. Elgin; Dr. Sproule, E. Grey; Dr. Landerkin, S. Grey; Dr. Ferguson, Leeds and Grenville; Dr. Platt, Prince Edward Co.; Dr. Ferguson, Welland; Dr. Orton, C. Wellington; Dr. Springer, S. Wentworth. *Que.*—Dr. Lesage, Dorchester; Dr. Fortin, Gaspé; Dr. Blanchet, Lévis; Dr. De St. Georges, Portneuf. *N. S.*—Sir C. Tupper, Cumberland; Dr. Cameron, Inverness; Dr. Forbes, Queen's.

Among the unsuccessful candidates were: Dr. Sloan, E. Huron; Dr. Lamson, E. Kent; Dr. Sullivan, Kingston; Dr. McCallum, Monck; Dr. Sinclair, N. Norfolk; Dr. St. Jean, Ottawa; Dr. Fiset, Rimouski; Dr. Bethune, Victoria, N.S.; Dr. McLeod, Cape Breton. Manitoba and British Columbia to be heard from.

**THE GALVANO CAUTERY IN SURGERY.**—We learn from some remarks recently made at a meeting of the Medical and Chirurgical Society of London, by Dr. Felix Semon that the credit of the introduction of the Galvano Cautery in Surgery, usually ascribed to Middel-dorpf, of Breslau, is in reality due to Mr. John Marshall, of University College, the President of the Society. Mr. Berkeley Hill, we believe, deserves the credit for this vindication of his countryman's and colleague's merit.

Prof. Hueter, of Greifswald, succumbed to renal disease on the 14th of May, aged 44. His latest work, *Grundriss der Chirurgie*, is only just completed. He was editor of the *Deutsche Zeitschrift für Chirurgie*, and the author of several articles in Billroth's great *Handbuch der Chirurgie*.

### Obituaries.

#### GEORGE CAMPBELL, M.D., LL.D.

On the 30th of May last, there died in Edinburgh one whose name, for the last half century, has been associated with the progress of the medical profession of this country.

George Campbell, of Roseneath, Dumbartonshire, a Master of Arts of the University of Edinburgh, and a Doctor of Medicine of that of Glasgow, came to Montreal in the year 1835, having been urged to take this step by the advice of his old friend and tutor the late Dr. Mathieson, of St. Andrew's Church, Montreal.

In 1835, Montreal was a very small town. Dr. Campbell took up his residence in St. Gabriel street, close to the river bank, and with singular good fortune at once took a leading position in the profession, as well as in general society. In this same year commenced his connection with McGill College, in which he was appointed Lecturer on Surgery and Midwifery. In a few years these two chairs were separated, Dr. Campbell retaining the former. Thus for a period of forty-seven years Dr. Campbell was a Professor of Surgery in this Institution. In 1860 he became Dean of the Medical Faculty, a position he held with honour to himself and to his University up to the very hour of his death.

His term of active service as surgeon of the Montreal General Hospital extended over a period of thirty years, and he died as senior member of the consulting staff, and one of the Committee of Management.

In private practice Dr. Campbell enjoyed the confidence of the leading families of Montreal; and to a great extent those of Canada generally. Few men have ever had such a strong hold on the affections of their patients.

Latterly he has been known as the chief consultant in Montreal, having for many years declined general practice. One felt certain that in applying to the Dean, "the old Dean," as he was often affectionately called, a good honest, common-sense opinion would be obtained. Many a young practitioner has returned to his case, encouraged by the good advice, and the kindly word of the man, whom all acknowledged to be the head of the Canadian profession.

The writer recalls with fond recollection the Dean's course of surgical lectures, the bright wintry mornings, the bluff old gentleman (for that last is the befitting word), always neat, always well-dressed, bright, and cheery, the sound discourse, a trifle old-fashioned in style, but in subject-matter up to the times, and the droll anecdote, at which we all laughed.

As an operating surgeon Dr. Campbell was pre-eminently successful, and though by nature cautious and prudent, he was not one to hesitate at a dangerous operation when a life was to be saved.

In 1860, he ligatured the gluteal artery for traumatic aneurism, an operation \* up to that date never performed successfully. The patient then, a lad of 14, is now a well-known citizen. In the journals of 1845-55 are to be found records of some of his capital operations, notably ligature of the innominate, and of the external iliac arteries.

In commerce the abilities of Dr. Campbell were well recognized. He was Vice-president of the Bank of Montreal, and director of several of the leading joint stock companies in the country.

Death occurred from pneumonia, contracted in London, England, and aggravated by the fatigue of a journey to Edinburgh. He leaves a widow and a large family. His only son, Dr. Lorne Campbell, was one of the graduating class of the Medical Faculty of McGill College, in 1882.

Mr. Spence, Professor of Surgery in the University of Edinburgh, died on the 7th of June, from blood-poisoning, supervening on amputation of three toes for gouty inflammation, at the age of 70. The death, on 1st June, of Dr. T. B. Peacock, Physician to St. Thomas's Hospital, is also reported. We hope to publish a brief notice of these distinguished gentlemen in our next.

\* "In one case at least, the gluteal artery has been ligatured with success (for traumatic aneurism), just where it leaves the pelvis, without the tumour being opened. This was in the practice of Prof. Campbell, of Montreal." A Manual of the Operations of Surgery, by Joseph Bell, Edin. 1866.

Dr. Arthur H. Hughes, a well-known Canadian, died in Bombay, April 27th. He was born in Toronto, in 1847, was a student of the Toronto School of Medicine, and graduated in Toronto University in 1868. He then went to England, and receiving his commission in the Indian Medical Department in October, 1869, went to India in the following year. In 1874 he took up his residence in Bombay, and was posted to the Jarnsetjee Jeejeebhoy Hospital in that city. He was subsequently made Prof. of Midwifery in the Grant Medical College, in the same place, and held the professorship to the time of his death. He soon acquired an extensive practice in Bombay, and for several years was honorary surgeon-major to the Bombay Volunteers. His funeral was very largely attended, the carrying party being composed of men of the 4th (Royal Lancaster) Regiment, while the escort was formed from the 10th Native Infantry. The cause of death was pyæmia, which arose from a slight puncture on the hand while making an incision for the relief of a patient, about a fortnight before his own demise. The deceased was a nephew of the late Dr. Lawlor, and has many relatives residing in Toronto, including his mother, Mrs. Monaghan, who lives on Bond street.

Sir John Rose Cormack, so well known to British residents in Paris as Chief Physician to the Hertford British Hospital in that city, and as Surgeon in Charge of Sir Richard Wallace's English Ambulance during the siege and Commune, died on the 13th of May. He graduated in Edinburgh in 1837; was some time surgeon to the Royal Infirmary there, and founded the *Edinburgh Medical Journal*, at that time familiarly styled "Cormack's Journal." He also published a volume of "Clinical Studies." His last words, addressed to Professor Ball, his physician and fellow-countryman, were characteristic of the man, proving him gladiator in word as well as deed "*Mortui te salutant.*"

The late Dr. James McIlmurray, who died June 10th, was one of Toronto's oldest practitioners. He was born in the County of Tyrone, Ireland, in the year 1800, and came to

this city in 1834, where he lived up to the time of his death. About two years ago he retired from active practice. The diseased gentleman was never married. He was a graduate of the Royal College of Surgeons, England, and was very successful in the practice of his profession. Dr. McIlmurray was personally very popular and much liked by all who knew him.

### Book Notices.

*The Transactions of the American Medical Association* (instituted 1847), vol. XXXII. Philadelphia, 1881.

We regret to say that this volume, like so many of its predecessors, is quite unworthy of the great association from which it emanates. Some of the papers it contains, however, are well worthy of perusal; and these have, for the most part been republished during the year, and have been referred to in our columns.

*The Vest Pocket Anatomist* (founded upon Gray.) By C. HENRI LEONARD, A.M., M.D. Eleventh Revised Edition. Detroit: The Illustrated Medical Journal Company. 1882.

This little compend is just what it pretends to be; and the fact of having reached an eleventh edition is an evidence that many think they can put such a book to use. On principle we are opposed to all such publications, on account of the temptation there exists to put them to misuse.

*A Manual of Obstetrics.* By A. F. A. KING, M.D., Professor of Obstetrics and Diseases of Women and Children, Columbian University, Washington, etc.

This is a small book of 300 pages, intended chiefly for the use of students. There is no attempt at originality, but all the essential points are taken from the standard works, especially those of Lusk, Playfair, and Leishman. For an epitome, it is written in an unusually clear and pleasant style, and the chapters on pregnancy and labour include everything that the student is accustomed or required to learn for his examinations. It is, however, like all the modern abbreviations, open to the objection that some portions, as for instance the description of the cutting operations on the mother, are so brief as to be of no practical use, except for cramming purposes.

### Meetings of Medical Societies.

#### MEDICAL COUNCIL OF ONTARIO.

The Annual Meeting of the Medical Council commenced on Tuesday afternoon, June 13th, there being present Drs. Allison, Bray, Buchan, Burns, Burritt, Cranston, Day, Douglas, Edwards, Geikie, Henderson, Husband, Lavell, Logan, McDonald, McCammon, McGargow, Rosebrugh, Spragge, Vernon, Williams, H. H. Wright, and J. W. Wright.

In the absence of Dr. Bergin, President, the Registrar, Dr. Pyne, presided. Dr. Bray was elected President for the ensuing year.

The following officers were also elected:—Vice-President, Dr. Geikie; R. A. Pyne, M.D., Registrar; W. T. Aikins, M.D., Treasurer; Mr. Dalton McCarthy, Solicitor. Dr. Rosebrugh took his seat in the place of Dr. Brouse, deceased.

Dr. Bray, on his being elected to the Presidency of the Council, thanked the members for the honour conferred. He expressed his sense of obligation to Dr. Logan, who was also nominated for the position of, President, for retiring in his favour, and in conclusion thanked them all for the honour conferred in being elected to preside over the deliberations of such an intelligent and influential body.

#### STANDING COMMITTEES.

The Council then proceeded to the election of Standing Committees, and, on motion of Dr. Lavell, the following committee was appointed to strike the Standing Committees for the year:—Drs. Day (Chairman,) Geikie, Logan, Spragge, Edwards, and Cranston. After a brief consultation they reported as follows:

Committee on Registration—Drs. Bergin, Rosebrugh, J. W. Wright, Vernon, Buchan, Grant.

Rules and Regulations—Drs. Rosebrugh, Husband, J. W. Wright, Spragge, and Grant.

Finance—Drs. Edwards, Allison, McGargow, Day, Henderson, and Douglas.

Printing—Drs. McCammon, Vernon, Burritt, Morden, and Day.

Education—Drs. Lavell, Geikie, McCammon, H. H. Wright, McDonald, Burritt,

Logan, Morden, Williams, Burns, Cranston, and Spragge.

Dr. H. H. Wright gave a notice of motion to the effect that it is desirable hereafter that there shall be examinations annually for first, second, and third year students respectively.

A large number of petitions were received, and referred to the various committees, many of them being from students who had failed to pass the examination in particular subjects. One was from the Mayor and other residents of Amherstburg, asking that a license or permit be granted to Dr. Daniel Pearson, who had been practising for thirty-three years, and who had previously practised in the United States for ten years.

The Registrar read the report of the Board of Examiners.

The President gave a verbal report of the proceedings taken by the detective, whom he had appointed, against unlicensed practitioners. One of these was Dr. Kergan, of "K. & K.," who had been fined \$25 at Petroleum. K. & K. had now resorted to the device of taking into their employment regularly licensed Ontario practitioners, and he regretted that they had been able to secure the services of a considerable number. Of all quacks a licensed quack was the worst, and he hoped that legislation would be introduced to deal with the matter.

#### WEDNESDAY.

The Council met at ten, the President, Dr. Bray, in the chair.

After the minutes had been adopted,

Dr. Lavell gave notice of a motion that the assessment to be levied on each practitioner for the ensuing year be \$1; also of a motion that the registrar be instructed to send out circulars giving notice of this assessment.

Dr. Macdonald gave notice of a motion that it is necessary to issue a new medical register, and the registrar be instructed to do so.

Dr. Day gave notice of a motion to define the manner of holding elections, to define what should be considered residence at the time of election, and for other purposes.

#### WILLIAM SMITH'S CLAIM.

A letter was read from the solicitor of Mr. William Smith, who formerly acted as detec-

tive in prosecuting violators of the Medical Act, reminding the Council of his claim, and offering to refer it to arbitration.

The Registrar said that the agreement was that Mr. Smith should receive \$1,200 a year, on his producing certificates from magistrates that he had procured convictions to that amount. Certificates had been presented to the amount of \$675, and \$600 had been paid to Mr. Smith. Subsequently he had procured convictions to the amount of \$100. The registrar, however, had discovered that in one case he had acted improperly, which he was advised invalidated the whole claim.

On motion of Dr. H. H. Wright a committee was appointed to investigate the matter.

Dr. Geikie presented the report of the committee appointed to draft a resolution with reference to the death of the late Senator Brouse, and moved its adoption. The following is the resolution:—

"That this Council learned with the sincerest regret the death of their late colleague, the Hon. Senator Brouse, and hereby place on record the very high regard in which he has always been held by his associates in this Council. In the death of this gentleman the Council has lost an able associate and the profession of medicine one of its most distinguished members. We hereby tender to his bereaved family our heartiest sympathy in their bereavement."

Dr. Lavell in seconding the resolution spoke feelingly of the loss which the Council and the profession had sustained.

The President mentioned the work which Dr. Brouse had done in the cause of sanitary science, and Dr. H. H. Wright gave a brief account of his career.

The resolution was carried by a standing vote.

Dr. Wright moved that examinations be held annually for first year, second year, and third year students, respectively, and that the matter be referred to the Education Committee.

Dr. Allison objected to the multiplying of examinations.

Dr. Geikie thought that the present examinations were sufficient to keep the students to their work.

The matter was referred to the Education Committee.

The Council then adjourned until two o'clock.

#### AFTERNOON SESSION.

The Council met at 2 p.m., and after routine business,

Dr. Burns gave notice of a motion for the establishment of a course of clinical lectures at the Toronto General Hospital.

Dr. Day gave notice of motion that the treasurer's statement be printed, and sent to every registered practitioner in Ontario.

Dr. Wright presented the report of the committee appointed to enquire into the claim of William Smith, recommending that it be referred to the solicitor of the Council for further advice. The report was adopted.

#### THE NEW REGISTER.

Dr. Macdonald brought up the motion of which he had given notice in the morning, for the preparation of a new register. The present one, he remarked, was now seven years old.

After some discussion as to what the register should contain, the motion was carried, and Drs. H. H. Wright, Burns, and Geikie were appointed a committee to assist the registrar in the work.

On motion of Dr. Lavell, the by-law to provide for the levying of an annual assessment was read a second time.

Dr. W. T. Aikins, the Treasurer, read his annual report, showing that the balance in the bank at the last meeting was \$2,011.14, the fees received in the registrar's office \$2,464.52, and the fees from candidates \$2,540, making a total of \$7,015.66. The expenditure left a balance of \$1,568.31. Several suggestions made by the Treasurer in his last report had been acted upon. The Executive Committee, which formerly entailed an annual expense of about \$500, had not met during the year, and the services of the detective, employed at a salary of \$1,200 per year, had been dispensed with, notwithstanding which the amount received from fines was in excess of that received last year.

An increase in the assessment to provide for

the increasing indebtedness of the college was recommended. The report was referred to the Committee on Finance.

#### THURSDAY.

The Council met at 10.30 a.m. and after routine went into Committee of the Whole on a report of the committee appointed to wait upon the Local Legislature for the purpose of procuring an Act to amend the Ontario Medical Act. The report stated that in consequence of an absurd resolution now standing on the minutes of the proceedings of this Council, and which they believe to have been there by mistake, they had been unable to proceed. They recommended that power be granted them to act in the matter as contemplated at the last meeting of the Council. The occasion of the report was this. At the last annual meeting of the Council it was decided to apply to the Local Legislature to have the Ontario Medical Act amended so as to

#### RE-ADJUST THE REPRESENTATION

of the profession, and of the colleges at the Council. At the same meeting an amendment, directing the committee to get the opinion of the Superior Court judges upon the Act, was discussed, and according to the minutes carried. The reason this resolution was referred to as absurd was that it annulled the previous motion.

Dr. Day, who presented the report of the committee, said he was certain that the resolution referred to did not carry. Referring to the other portion of the report, he did not share in the feeling that the Ontario Parliament would not grant the legislation asked for.

Dr. Macdonald strongly opposed the report.

Dr. Burns thought the Council should look at their duty to their constituents, and in this view there were unmistakable signs of dissatisfaction among the profession on the question of representation. He contended that if the Medical Council existed for the public protection, it should fearlessly approach any Legislature, no matter what might be its political stripe, for necessary amendments to the Act.

Dr. Bray supported the report, contending that the present was the time for the profession to make itself felt.

Dr. Williams thought that the Council should be unanimous upon the nature of the changes they wanted.

Dr. Lavell pointed out that the present scheme of representation was the result of a compromise between the colleges and the different branches of the profession. He referred to the difficulty which would arise in classifying the colleges so as to show which should be entitled to representation. He suggested that any committee which might be appointed should report to the Council before taking any action.

Dr. Burritt thought the Council should not be frightened out of going before the Legislature.

Dr. Geikie thought the committee should go over the Act, clause by clause, and see what amendments were required.

Dr. H. H. Wright moved that the committee rise without reporting. The motion was lost, and the report was afterwards adopted, with the exception of the word "absurd," which was struck out.

The report of the Registration Committee, dealing with a number of applications for registration, was received and adopted.

In reference to the claim of William Smith, a letter was received from the solicitors advising the Council to ask for particulars. It was decided to act upon the advice.

The Council then adjourned, and some of the members, on the invitation of Dr. Aikins, visited the hospital in order to witness an operation.

#### AFTERNOON SESSION.

This session was occupied in the discussion of a proposition to sell the building on Bay and Richmond streets, occupied by the Council, a resolution to that effect having been moved by Dr. Allison, and seconded by Dr. Burns. It was generally agreed that the building was not a suitable one for the college, and that it could be sold at a considerably higher price than the Council paid for it. The idea of occupying a building jointly with the Ontario Board of Health did not meet with much favour. A committee, consisting of the city members and Drs. Allison and Macdonald,

was appointed with power to sell if they thought advisable, and also to enquire about a site for a new building.

#### FRIDAY.

The Council met at 10 a. m. and after routine, went into Committee of the Whole to consider the report of the Finance Committee, which was adopted. The report showed that the arrears of fees due the Council were \$4,954, which are supposed to be collectable. The value of the building is from \$18,000 to \$20,000, and there is a mortgage of \$6,000 upon it. The expenses of the present session amount to \$1,985.

Dr. Macdonald brought before the Council the following plan, proposed by Dr. Playter, for collecting disease statistics.

One hundred and forty-four observers and reporters of prevailing diseases in the localities of the respective observers, medical practitioners, of several years standing, to be appointed by the Federal Government, and distributed as follows: To British Columbia 2; Manitoba and N. W. Territories 2; Prince Edward Island 4; New Brunswick 11; Nova Scotia 14; Quebec 46; Ontario 65; Total 144; giving one observer to about every 30,000 of the population in each Province.

Each observer to be supplied with a sufficient number of blank forms and addressed envelopes.

A blank to be filled in by each observer every week, Saturday evening if possible, from observers day-book and memory of observations of diseases during the last week, to the best of his knowledge, and at once mailed—time occupied with each report not more than from 15 to 30 minutes.

Each observer to be paid by the Federal Government \$25, for the 52 reports, or for the year, occupying, for the whole number, from 13 to 26 hours of time—Total cost \$3,600.

Number of observers, and their remuneration, to be increased if possible, as the advantages of registration become apparent and more generally known.

At a central office or bureau at Ottawa the collected reports to be studied and compiled

and the results to be published weekly, as soon, as possible after receipt of reports, in some practical form, as a bulletin, and distributed in large numbers throughout the Dominion, to health officers, the local papers, &c. &c.

In Ontario, to be one observer in each of the 37 county towns, which for the most part are central, and well situated for such a purpose. Toronto with its many suburbs might have two observers. The other 27 to be located in the larger counties, and on railways, with ready mailing facilities. Thus no part of the well settled portion of the province need be more than from 12 to 15 miles (air line) from an observer.

Observers to be distributed in a similar way in the other provinces.

Dr. Macdonald moved, and Dr. Burritt seconded, a motion approving of the plan, which was carried.

The Council then adjourned until two p.m.

#### AFTERNOON SESSION.

After adjournment, Dr. Lavell presented the report of the Education Committee, upon which the Council went into Committee of the Whole, Dr. Douglas in the chair. Most of the petitions considered by the committee were refused, the principal exception being in the case of Dr. W. F. Peters, who failed by a very few marks in surgical anatomy last year, and had a large margin on other subjects, and who is now living at Michipicoten Island, and was accidentally prevented from attending the examination held this year.

The Committee recommended that no action be taken on the motion of Dr. H. H. Wright regarding annual examinations for students, and that the consideration of Dr. Burns' motion, as to clinical lectures at the hospital be deferred until next session.

Several changes were made in the regulations governing the examination of students, the most important of which were a clause allowing candidates who had paid for a professional examination and failed to pass it to go up for one subsequent examination without further fee; and an instruction to examiners to confine their questions to the text-books in common use, and in referring to diseases, &c.,

to use the names most commonly in use. The clause requiring an aggregate of 320 was expunged. The following

#### BOARD OF EXAMINERS.

was appointed:—Descriptive anatomy, Dr. Fulton, Toronto; theory and practice of medicine and general pathology, Dr. A. S. Oliver, Kingston; midwifery, operative and other than operative, with puerperal and infantile diseases, Dr. Burdett, Belleville; physiology and histology, Dr. G. A. Tye, Chatham; surgery, operative and other than operative, medical and surgical anatomy, Dr. Canniff; chemistry, theoretical and practical, toxicology, and botany, Dr. W. W. Dickson, Pembroke; medical jurisprudence and sanitary science, Dr. W. Nichol, Brantford; homœopathy, Dr. H. Field, Woodstock.

Dr. Douglas' motion regarding a uniform tariff was not passed.

A vote of thanks was passed to Dr. Bray, the President, who briefly replied, to Dr. Aikins, Dr. O'Reilly, and the Toronto Medical Society.

After the minutes had been read the Council adjourned *sine die*.

#### ONTARIO MEDICAL ASSOCIATION.

The Second Annual Meeting of this Association was held, Wednesday and Thursday, June 7th and 8th, in the Hall of the College of Physicians and Surgeons, Toronto, the President, Dr. Covernton, in the chair. Among those present were Dr. Avery, of Michigan, and Drs. Fenwick, Osler, and Shepherd, of Montreal, as visitors. About 115 in all attended the meeting.

#### A MUTUAL BENEFIT ASSOCIATION.

A letter from Dr. Powell, of Ottawa, was read in favour of the formation of a Mutual Benefit Association in connection with the medical profession, and making suggestions as to how such an association could be started and conducted.

It was resolved to refer the letter to the Committee on Papers, so that they might report upon it.

## THE PRESIDENT'S ADDRESS.

The President then delivered his annual address. After dwelling upon the responsibility resting upon physicians in the exercise of their profession, and cautioning them against being too rash in putting into practice the sparkling novelties in theories that were brought forward, he gave a sketch of the work already done by the Provincial Board of Health, and concluded an eloquent and instructive oration with references to the evidences of scientific progress.

The following papers were read in general session, Wednesday and Thursday: On "Treatment of Diphtheria," by Dr. Worthington, of Clinton; "Antiseptic Treatment of Phthisis," by Dr. Philip, of Brantford; "Locomotor Ataxia," with exhibition of a case, by Dr. Stewart, Brucefield; "Concussion of the Brain," by Dr. Curry, of Rockwood; "Trachelorrhaphy," by Dr. Temple, Toronto; "Hæmorrhage after Tonsillotomy," by Dr. Powell, Edgar; "Dislocations of the Elbow Joint," by Dr. Dupuis, Kingston; "Local Boards of Health," by Dr. Youmans, Mount Forest; "Alcohol in Disease," by Dr. Smith, Sparta; "Therapeutics of Insanity," by Dr. Clark, Toronto Asylum; "Points in the Measurement of the Lower Extremities," by Dr. Oldright, Toronto; "Adenoma of the Vault of the Pharynx," by Dr. Ryerson, Toronto; "Treatment of Diphtheria by Biborate of Soda and Sulphur," by Dr. Ghent, of Priceville; "Liquor Calcis in Diphtheria," by Dr. Mackelcan, Hamilton; "Eye Hygiene in Schools," by Dr. Palmer, Toronto; "Duties of Coroners," by Dr. Riddell, Toronto; "Certain Diseases of Eye and their Treatment," by Dr. Rosebrugh, Toronto. The number was too large for the time, and as a consequence in the beginning there was manifested too much haste in getting through the reading of papers without discussion of them. We hope in future issues, to give some of the papers with accompanying discussions.

## ELECTION OF OFFICERS.

The Committee on Nominations reported, recommending the following elections for the year. The report was adopted.

*President.*—Dr. Macdonald, Hamilton.

*1st Vice-President.*—Dr. Stewart, Brucefield.

*2nd Vice-President.*—Dr. Daniel Clarke, Toronto.

*3rd Vice-President.*—Dr. Dupuis, Kingston.

*4th Vice-President.*—Dr. Harrison, Selkirk.

*General Secretary.*—Dr. White, Toronto.

*Treasurer.*—Dr. J. E. Graham, Toronto.

*Corresponding Secretaries.*—Dr. William Graham, Brussels; Dr. Burt, Paris; Dr. Coburn, Oshawa; Dr. McIntosh, Vankleek Hill.

*Committee on Credentials.*—Dr. Beeman, Centreville; Drs. Burns and Pyne, Toronto.

*Committee on Public Health.*—Drs. Playter, Allison, Oldright, and Youmans.

*Committee on Legislation.*—Drs. Spohn, Sloan, G. Wright, Covernton, Mallow, and Macfarlane.

*Committee on Publication.*—Drs. Cameron, Burns, and Fulton, with the Secretary and Treasurer.

*Committee on By-laws.*—Drs. A. H. Wright, Moore, Tanner, Cotton, and Bowlby.

*Committee on Medical Ethics.*—Drs. O'Reilly, McKelcan, Carney, C. K. Clarke, and Sinclair.

The following resolutions were passed:—This Association approves of the decision of the Provincial Board of Health of Ontario to co-operate, to the full extent of its powers, with the National State and Local Boards of Health in the United States and in the Dominion of Canada, in the attempt to prevent the introduction and spread of smallpox, by the inspection and vaccination of immigrants, and the disinfection of their baggage and clothing, and by notification to all boards of health interested of the entry or proposed entry within their jurisdiction of immigrants suspected of carrying with them the germs of any disease dangerous to the public health. That in this attempt to lessen the spread of smallpox and other communicable diseases on this continent, it is desirable, that all health officers, and boards of health, under whatever governmental control, shall earnestly and faithfully co-operate, and to secure this co-operation at the earliest possible date, we bespeak and invite the individual efforts of every member of this Association.

It was decided to hold the next annual meeting in Toronto.



Dr. Canniff moved, "That in the opinion of this Association the formation of a medical library and museum would prove beneficial to the profession of this province, and that the following committee be appointed to consider the feasibility of such a scheme, to report to the next meeting:—Drs. Cameron, Holmes, Fulton, Reeve, Davidson, Powell, and the mover." Carried.

Dr. D. Clarke moved, "That the Secretary, Dr. White, receive a gratuity of \$100 for his valuable services during the past year." Carried.

The president elect, Dr. Macdonald, was then installed and made an appropriate speech, thanking the Association for the honour conferred upon him, and prophesying a brilliant future for the organization.

After passing some formal resolutions the meeting adjourned.

Since the meeting the President has made the following nominations to the temporary committees for this year:—

*Surgery, Pathology, and Anatomy.*—Drs. Canniff, Oldright, Strange, Toronto; Powell, Edgar; Groves, Fergus; Philip, Brantford; Worthington, Clinton; Eckroyd, Mount Forest; Hunt, Clarksburg; Leslie, Hamilton; and T-ytor, Goderich.

*Medicine, Materia Medica, and Physiology.*—Drs. Hamilton and Clemesha, Port Hope; Mullen and Wallace, Hamilton; Fulton, Cameron, and H. H. Wright, Toronto; Gillies, Teeswater; Clark, Oshawa; McKay, Woodstock; Winskill, Brantford; McDonell, Brechin; Metcalf, Kingston; and Morton, Wellesley.

*Obstetrics, Gynecology, and Jurisprudence.*—Drs. Rosebrugh, Hamilton; Bray, Chatham; Burritt, Peterboro'; Yeomans, Mount Forest; Battersby, Port Dover; Bowlby, Berlin; Hall, Meaford; Dunlap, Lowborough; Hillary, Aurora; Gardiner, London; Holmes, Chatham; Trimble, Queenstown; Black, Uxbridge; Thorburn, Macdonald, Ross, sr., Pyne, sr., and Temple, Toronto.

*Ophthalmology and Otolaryngology.*—Drs. Reeve and Palmer, Toronto; Bonnar, Albion; Baugh, Hamilton; Ryerson and Rosebrugh, Toronto.

*Necrology.*—Drs. Woolverton, Hamilton;

Ghent, Priceville; Knight, Tamworth; Gunn, Durham; Kitchen, St. George; Riddel, Toronto; McTavish, Staffa; James, Burgessville; and Day, of Trenton.

*Audit.*—Drs. G. Wright, Robinson, and Lett, Toronto; Tucker, Orono; Curry, Rockwood; Mackelcan, Hamilton; Secord, Bright; and Bruce Smith, of Sparta.

*Papers and Business.*—Drs. Workman, Sweetnam, Machell, W. B. Geikie, McPhedran, Zimmerman, and King, of Toronto; Inksetter, Dundas; Mullin, Hamilton; Allan, Harrison; Monroe, Dominionville; Stalker, Harwich; and Magill, of Oshawa.

*Committee on Arrangements.*—Dr. Bascom, Uxbridge; Robinson, Markham; Buchan, J. Ross, jr., McFarlane, Pyne, jr., Duncan, Smith, Nevitt, Bryce, Wagner, and McCullough, of Toronto.

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### Miscellaneous.

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*THE VIS MEDICATRIX NATURÆ.*—Dr. Oliver Wendell Holmes, in an address to the Medical Class of Harvard College, on "Medical Highways and Byways" (*Boston Med. and Surg. Journal*, June 1, 1882), wittily said: "Whatever other theories we may hold, we must recognize a *vis medicatrix* in some shape or other. '*Is le pensay et Dieu le guarit*' (I dressed his wound and God healed it), was the saying of Ambroise Paré, which you may read to-day on the walls of the lecture-room of the Ecole de Médecine in Paris. The operator amputates a limb and leaves a bleeding wreck after him. What surgeon who looks on the rounded and cushioned stump a few weeks later can help owning

'There's a Divinity that shapes our ends,  
Rough hew them how we will.' "

*THE MEDICAL STUDENT'S PRIMER.*—What place is this? This is the Pathological Society. How does one know it is the Pathological Society? You know it by its specimens and smells. What does that gentleman say? He says he has made a post-mortem. All the gentlemen make post-mortems. They would rather make a post-mortem than go to a party. What is that on the plate? That is a tumor.

It is a very large tumor. It weighs one hundred and twelve pounds. The patient weighed eighty-eight pounds. Was the tumor removed from the patient? No, the patient was removed from the tumor. Did they save the patient? No, but they saved the tumor. What is this in the bottle? It is a tapeworm. It is a long tapeworm; it is three quarters of a mile long. Is that much for a tapeworm? It is indeed much for a tapeworm, but not much for the Pathological Society.—*N. Y. Medical Record.*

In a curious old work, published in 1824, entitled "Nugæ Chirurgicæ," by Wm. Wadd, Esq., F. L. S., we find the following account of Cordus, a physician of eminence, who died in 1535:—"Cordus who was accustomed to receive his fees only at the termination of his patient's disease, describes in a facetious epigram, the practitioner at three different times, in three different characters.

Tres medicus facies habet; unam, quando rogatur,  
Angelicam; mox est, cum juvat, ipse Deus.  
Post ubi curato, poscit sua præmia, morbo,  
Horribilis apparet, terribilisque Sathan.

"Three faces wears the doctor; when first sought,  
An angel's, and a god's—the cure half wrought:  
But, when that cure complete, he seeks his foe,  
The devil looks then less terrible than he."

CRICKET.—In an interesting lecture, given by Mr. Frederick Gale on the 13th inst., at the Marlborough Rooms, a remarkable instance was given of the longevity of cricketers. This was the so-called B Eleven, chosen by Lord Frederick Beauclerc to play against All England. Of these eleven men the youngest died at the age of sixty-nine, while the others succumbed between that age and ninety-five. The lecturer might well say that insurance offices would grow rich if no lives but those of cricketers were taken. Mr. Gale is well known as an enthusiastic cricketer; and there was a wholesome, honest ring in his lively and interesting discourse, which his audience (a large and influential one) evidently appreciated. Professor Ruskin occupied the chair. The importance of cricket upon the health and stamina of the

nation cannot be over-estimated; and we trust that enthusiasts like Mr. Gale may never be wanting to stir up the rising generation to honourable deeds in the "field," where, according to the Iron Duke, the Battle of Waterloo was won.—*Lancet.*

SINGULAR SUICIDE.—A man, after a dispute with his wife, took a poignard, 10 centimetres in length, and placing it vertically upon the top of his head, proceeded to drive it with a hammer into his head as far as the guard. He did not die, but preserved his intelligence, senses, and power of motion. Becoming anxious he called in a physician, who tried in vain to remove the poignard. Dr. Dubrisay, was called in to assist. The efforts of both were still unsuccessful. They fatigued the patient by dragging on the handle of the poignard, solidly fixed in the cranial walls, but it did not budge. They conducted him then to a neighbouring workshop where they might obtain sufficiently energetic means of traction. Placed between two doors, having in their interval a strong pair of iron forceps, moved by mechanical force, the patient was seated on the ground and held steady, the handle of the poignard was seized, drawn without shock and pulled out, lifting up the patient a little who fell back upon the ground. He got up at once and began to walk and talk, led M. Dubrisay to his carriage and thanked him. The blade of the instrument was a little bent at the point. It was seen that it had struck against some hard body which was the occipital fossa. Fearing the super-vention of meningitis, the patient was taken to the Hospital St. Louis, in the service of Mr. Péan, but he went out in eight days without the appearance of any inflammatory or paralytic accident.—*Siccle Medical—Le Prog. Med.*

## Births, Marriages, and Deaths.

### MARRIAGES.

On the 20th inst., at the residence of the bride's father, by the Rev. S. M. Jackson, assisted by the Rev. Mr. Powis, Dr. W. K. D. Sutherland, of Winnipeg, to Nellie, second daughter of Dr. Richardson, Clover Hill, Toronto.

T H É  
**Canadian Journal of Medical Science.**

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TORONTO, AUGUST, 1882.

**Original Communications.**

**TONSILLOTOMY AND ITS COMPLICATION BY HÆMORRHAGE.**

DR. N. A. POWELL, EDGAR, ONT.

(Read at the Meeting of the Ontario Medical Association.)

A three-fold purpose has induced me to present, at this meeting, certain points regarding tonsillotomy and one of its occasional complications. To give you in brief a history of the case which first directed my attention to this subject, to bring out in discussion some of the experience at present stowed away in the gray matter of the cerebral convolutions of the members of this association, and with such help to reach sound conclusions as to what the treatment of the complication in question should be, have been the objects which I have had in view in the preparation of this paper.

At the last meeting of the American Laryngological Association, its secretary, Dr. George M. Lefferts, of New York, discussed "The Question of Hæmorrhage after Tonsillotomy," and classified its frequency and severity thus:—

1st. A fatal hæmorrhage is very rare.

2nd. A dangerous hæmorrhage may occur.

3rd. A serious one, serious as regards both possible, immediate, and remote results, is not very unusual, and

4th. A moderate one requiring direct pressure, and strong astringents to check it is commonly met with.

Of the first or fatal class, the reader had not been unfortunate enough to meet with an example.

Other surgeons have, however, placed on record a small number of cases fatal from

hæmorrhage following the excision of the pharyngeal tonsils, while a much larger number of deaths have been caused by the loss of blood succeeding operative procedures, other than amputations, in the tonsillar region.

Coming within the *second* class, two cases have occurred in the practice of Dr. Lefferts from a total of about 500 operations. Both are recorded in his paper. The history of the first I shall read to you since I am able from the standpoint of the patient to add to it somewhat.

In the fall of 1874, while attending at Demilt Dispensary, the throat-clinic, held on alternate days by Drs. Lefferts and McBurney, I requested the former to remove my tonsils, as they were subject to recurrent attacks of follicular inflammation.

I give you in his language what then occurred.

"I amputated both excessively hypertrophied tonsils with the tonsil bistoury. My incisions, I may say here, were made with care, and were such as I had made many times before, in other instances. A few moments after the operation, an inspection of the throat having shown no excessive bleeding, I left the dispensary where the operation had been performed, and my patient, who was using an ice-water gargle. I did not see him again for several hours, and then found him almost exsanguinated and pulseless. Profuse bleeding commenced almost immediately upon my departure, occurring very suddenly. The flow was so rapid that the patient could not clear his mouth of it. Blood passed into the stomach, giving rise to repeated attacks of vomiting, and into the larynx, causing strangulation. As described to me, his con-

dition was for a time a dangerous one. All the resources at hand at the moment that suggested themselves to the doctors present, except pressure, were tried without avail. The hæmorrhage persisted. I was sent for but not found, and finally my colleague, Dr. McBurney, fortunately reached the case some three hours after the commencement of the bleeding. He at once did what should have been done before, cleared all blood clot out of pharynx, differentiated the source of the hæmorrhage, and applied direct pressure over the spot on the right side from whence it was found to come. In a short time it had ceased. I arrived later, and found my patient stretched upon a bench, as I have said, white, bloodless, and almost pulseless. After an anxious night spent with him where he lay, he was carried in the morning to his home, and slowly convalesced during the following month. There was at no time a recurrence of the bleeding."

In the removal of the right tonsil, the one which gave rise to the trouble afterwards, Dr. Lefferts was assisted by a surgeon who happened to be present. This latter gentleman held the vulsellum forceps in order to free Dr. L's right hand for the use of the bistoury.

I noticed that as the section was made strong traction was also made upon the tonsil, and this must have placed on the stretch the tissue last divided, which was the lower part of the gland. In this part lay the artery—probably the tonsillar branch of the ascending pharyngeal—from which the subsequent bleeding occurred. Its mouth opened deeply in the sulcus, between the tongue and the stump of the tonsil, and it was so obliquely divided that the contraction and retraction by which natural hæmostasis is effected could not take place. Possibly this vessel was enlarged at the expense of the others supplying the gland, possibly also the indurated tissue through which it ran prevented its closure.

About half-an-hour after Dr. Lefferts' hurried departure to fill his next engagement, the bleeding became very free. I then asked some of the physicians from other departments of the dispensary to look at the wound. They did so and one prepared for me a tannic acid gargle as advised by Mackenzie, while another im-

mediately after its use applied to the part a solution of the persulphate of iron with a brush.

Between them they filled the fauces and pharynx with ink, manufactured on the spot, a third gentleman then began giving me 10 grain doses of quinine, while another spoke rather indefinitely of the hypodermic use of ergotine or the ligation of the carotid. The fifth could only offer his regrets that he had to leave at once, as he "wanted to wait and see Lefferts stop this." These gentlemen were all educated and skilled physicians in their own specialties, and all but the last seemed anxious to be of service, but none of them remembered the simple surgical fact that direct pressure on the mouth of any bleeding vessel will control the loss till other and more permanent means of checking it may be adopted. The flow being rapid, I became faint and exsanguinated in a short time, and in the opinion of those better able than myself just then to form a correct opinion, I could not have survived another hour without the help which Dr. McBurney afforded. It was estimated by several gentlemen present that the loss of blood amounted to between six and seven pints. If either my friends, the throat specialists, or a good practical surgeon had been present, when it began, it would not probably have reached as many ounces, nor would the general condition have become a dangerous one.

Since that time I have frequently had occasion to perform tonsillotomy, and have met with nothing more unsatisfactory afterwards than the loss of an occasional fee for so doing. I have knowledge, however, of nine cases besides my own in which a fatal result was all but reached. One of these occurred in the practice of an old fellow-student of mine who now fills a chair in a western college. In this case the doctor left a student to watch his patient and was recalled in haste two hours later. He found it necessary to apply pressure with a sponge on a holder for many hours, and has stated that without the recollection of my experience and treatment to guide him he would have been at a loss to know what to do.

From the statistics which I have at hand, based chiefly on the practices of leading sur-

geons, I am disposed to think that a dangerous degree of hæmorrhage occurs in about one per cent. of all tonsillotomies. If with proper after treatment it is thus frequent, may we not consider its risks to be greater in connection with that slap-dash and happy-go-lucky surgery with which even in Ontario we are not altogether unacquainted. We know how often some physicians meet with post-partum hæmorrhage and are apt to connect this frequency with a fault or careless treatment of the third stage of labor. That obstetrician will see least of it, probably, who has its dangers and its prevention most constantly in his mind. The same reasoning will apply to this form of hæmorrhage. With the conviction that the liability to hæmorrhage from the stump of an amputated tonsil will be lessened by the right performance of the operation that may cause it, I submit without argument the following conclusions for your approval or amendment:—

The surgeon who proposes to remove a tonsil should have at hand a strong and perfectly manageable light, such as is obtained from a student's lamp and a forehead protector of four inch diameter and short focus.

He should not be dependent upon the kitchen cupboard for a part of his armament, but should have a good tongue depressor, and this is almost the same as saying that he should have Turke's model, as for any operation on the back of the throat it is the only good one.

He should use the tonsillotome preferably for children, and especially if ether be not given. If the part to be removed be prominent he should use this instrument for adults also, and should prefer Mackenzie's or Hamilton's models, which cut by propulsion, to any of the forms in which a sickle-shaped knife makes the section as it is being retracted.

He should use the vulsellum forceps or double-hook and probe-pointed bistoury for all cases in which the gland is sessile, or in which a particular portion of it is to be excised. In operating he should stand before the patient, seize the left tonsil and cut from above downwards, so as to remove all that projects beyond the anterior pillar of the fauces. Then standing behind the patient he should remove to the

same degree the right gland by cutting from below upwards.

Bearing in mind the manifold risks of operating on even small inflamed parts, he should select a period of quiescence for the amputation, the exceptions to this rule being: first, that class of cases in which the gland is very small and flat between the catarrhal attacks upon its secreting surface; and second, the rare condition of actual danger to life from combined hypertrophy and inflammation.

The surgeon after a tonsillotomy should not lose sight of his patient for several hours but should make frequent and careful inspection of the throat. He should remember that, especially in children, blood may pass into the stomach and give no external sign till blanching of the face or faintness shows its loss. Should this examination reveal actual hæmorrhage in unsafe amount he should resort at once to direct pressure, either with the finger or a sponge on a firm holder. After this has been some time applied he should examine for bleeding points, and if found, they should be caught and twisted.

Cold, in the form of ice-water or ice in substance, may be made use of, but it is better to avoid the application of the styptic preparations of iron or other astringents. In the rare event of pressure, torsion, and cold being, when properly applied, insufficient, the ligating of the external carotid artery, and this also failing, of the common trunk may be taken into consideration.

#### CASE OF LOCOMOTOR ATAXIA, WHERE RIGHT SCIATIC WAS STRETCHED FOR RELIEF OF "LIGHTNING PAINS."

BY J. STEWART, M.D., BRUCEFIELD.

Read before the Ontario Medical Association, May, 1892.

M. Shea, aged 43, when first seen in Sept. of 1881, complained of shooting pains in his legs, thighs, and lower part of the abdomen. He also complained of an inability to walk in the dark, and giddiness. The pains made their first appearance twelve years ago, while he was engaged in working in the lumber woods of Wisconsin. His occupation was that of a driver, and he was compelled to sit for hours on

the cold logs, and it is to cold, contracted in this way, that he attributes his present trouble. For several years the pains only recurred at long intervals; but lately he is seldom—rarely more than 24 hours—free from them. They have also greatly increased in severity during the last two years, and especially during the last few months. He first noticed that he was apt to stumble in the dark, five years ago. The ataxia has steadily increased during this period. For several months it has been so pronounced that he has been unable to perform his usual work. With the exception of gonorrhœa, he never had any illness. He is certain that he never had syphilis.

Family history is good. He says he never ate or drank to excess.

*State on the 1st of Oct., 1881, being two weeks prior to the stretching of the right sciatic nerve.*

The lightning-like pains with which he is afflicted recur very frequently; the longest interval of freedom from them during the last year has been only five days. They generally affect the lower extremities. It is but seldom that he complains of pain elsewhere, and then only in the left arm. The pains are of extreme severity, but only of momentary duration. They generally last 24 hours, and during that time are nearly always confined to a small spot. A favourite situation for them is the dorsum of the right foot. When they last for twenty-four hours it is always noticed that the limb which has been their seat has atrophied. Repeated measurements have shown a diminution of half an inch in the circumference of the limb. He is very slow to appreciate painful sensations when applied to the two lower and left upper extremities. In the feet there is an interval of about six seconds before he is able to feel a severe pinch or the prod of a needle. In the legs this interval is five, and in the thigh eight seconds. He feels the simple rubbing of the hairs on his legs much more readily than a severe pinch of the skin. He is able to distinguish, although slowly, the difference between a hot and a cold application, when applied to his lower extremities. With his eyes shut he is unable to touch the point of his nose with either hand, nor is he able to point out the position of his feet. His sight is good, although there is

commencing atrophy of both discs. The pupils react slowly to light, but readily when the eyes are accommodating. There is no myosis or paralysis of any ocular muscle. He is able to distinguish colours. His hearing, taste, and smell are all normal.

He complains greatly of numbness of both lower extremities, and of a very disagreeable sensation, as if the skin were too tight for his legs. When walking he has to keep his eyes on his feet or he would fall, and he feels as if he were treading on some soft substance. There is loss of sensation in the thumb, index, and middle finger of the left hand. He is able to retain his urine without causing him the least inconvenience for over twenty-four hours. To empty his bladder he has to strain very much. He is troubled with obstinate constipation. He says he often feels as if a weight of one hundred pounds was compressing his waist. When standing or walking he complains of what he calls a cramp-like condition of the muscles of the lower part of the abdomen. The patellar tendon reflex is absent on each side. There is no ankle clonus or plantar reflex. The cremasteric and epigastric reflexes are absent. When walking, his knees often give away suddenly under him. He says that for this reason he avoids as much as possible walking on the streets. He has the characteristic gait of an ataxic. He is unable to walk or stand with his eyes shut. Intelligence and memory are not affected. Lately he has been at times melancholy, at other times he is in the best of spirits.

On the 14th of October the right sciatic was stretched. The right was chosen on account of the pain being generally more severe in that limb. The night following the operation the pains set in on the outer side of the right knee, and were severer than they ever had been. The following day they left, and did not reappear for three weeks. This was the longest interval of freedom from the pains since they first commenced, twelve years previously. It is now about eight months since the operation was performed, a period sufficiently long to judge what, if any, influence the stretching has exercised on the disease or its symptoms. The results may be summed up as follows:—

(1.) *On the pain.* The result on the whole has been very satisfactory. Previously he suffered nearly one-fourth of the whole time from the pains, which were of an agonizing character. Now he seldom has attacks oftener than once every three weeks, and he has been as long as six weeks free. Before the operation the pains set in suddenly, with great severity, and left just as suddenly. Since its performance they come on by degrees, increase up to a certain pitch, then decline slowly. During the wave of ascent the intervals become shorter and shorter, and during the wave of descent they become longer and longer, until finally they cease altogether.

(2.) *On the patellar reflex.* Previous to the stretching there was absolutely no response, but since there has been an appreciable jerk when the tendon is struck. It is, however, very late in making its appearance, there is often an interval of two seconds between the tap and the response. According to Eulenburg\* the interval should only be the  $\frac{1}{3}$  of a second. This he found to be the interval in the examination of 80 healthy male adults.

(3.) *On the delayed sensation.* Prior to the operation it took him from five to eight seconds to feel the stab of a needle in either lower extremity. He can readily appreciate now, and has since the stretching, a similar irritation in from one to two seconds.

(4.) *On the muscular sense.* Up to the time of operating, it was with the greatest difficulty, and then only after repeated trials that he could touch his nose or point to the position of his toes when his eyes were shut. He can readily perform these acts now.

(5.) *On the ataxia, etc.* The operation did not exercise the least beneficial influence over the ataxic symptoms. Neither was there any favourable change made over either the bladder or rectum symptoms. The ataxia has been steadily progressive. The sense of weight around the lower part of the abdomen is as great as ever.

A very interesting symptom occurred six

days after the stretching, viz.: a very extensive hæmorrhage from the wound and into the subcutaneous tissue of the limb operated on. The bleeding was copious enough to saturate all the antiseptic dressings, and even find its way through the bed.

This was likely the result of the pains which set in a few hours after the operation, and lasted with great severity for nearly twenty-four hours. This is a more probable explanation than that the result was from any injury sustained by the vessels from the stretching. Straus\* reports several cases of extensive subcutaneous hæmorrhages following the pains of ataxia.

These ecchymoses are probably induced by direct irritation of the vaso-dilator fibres. It has been shown, both by Brown-Séquard, and Stricker, that the posterior roots contain vaso-dilating fibres. If this view is correct, then the ecchymoses and the lightning pains are caused by the same morbid process.

#### SOME POINTS OF GENERAL INTEREST IN OPHTHALMOLOGY.

(Paper read at Meeting of Toronto Medical Society,  
May 18th, 1882.)

BY R. A. BEEVE, B.A., M.D.,

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(Concluded from page 221.)

#### CATARACT.

Idiopathic cataract is characterized by a gradual, painless failure of sight, the lens becoming opaque in a seemingly healthy eye. Some degree of irritability may be felt but the external signs of inflammation are wanting; and the pupil retains its normal size and activity, presenting, however, as the process advances, a more and more marked gray or milky background. There is a physiological haziness of the lens in old subjects, and also a gray pupillary reflex in some diseases of the fundus oculi and vitreous. A hasty diagnosis should, therefore, not be made, but a routine method followed, even in most of the cases which seem beyond doubt. The history should of course

\* Ueber die Latenzdauer und den pseudoreflexorischen charakter der schnenphänomene. Nemg. Centil. No. 1.

\* Archives de Neurologie, No. 4, 1881.

be got, and the state of the eye as to tension,\* sight, and visual field† learned; oblique illumination‡ should be practised; and the ophthalmoscope should be used, because one can sometimes get a view of the fundus through a lens which seems opaque, and upon the mirror we may have to depend in deciding that the dimness of vision is due, not to lenticular opacity, but to morbid changes in the vitreous, retina etc., which would invalidate an operation. In a small percentage of subjects beyond the prime there is a preliminary swelling of the lens, so that the eye becomes myopic and reading glasses can be dispensed with,—the so-called 'second sight,' which, however, in due course, gives place to the fogging and gloom of confirmed cataract. Some seem to think a cataractous eye should be quite blind, but even when simple cataract is mature, one can discern the position of windows and of artificial lights, and the motion of fingers or other objects between the eye and the light, as the natural eye can through frosted glass. Inability to do this generally contra-indicates an operation. I have known a lens to be removed from a sightless ball and then the dread alternative presented of enucleation or possible loss of the second eye from sympathetic inflammation; and, again, a cataract to be extracted from a hopelessly diseased organ, and at the same sitting the clear lens of the fellow eye also taken out, the gray pupillary reflex in the latter case being really due to deep-seated changes.

Cataract often develops without apparent cause, and this is a common experience. It may be secondary to glaucoma, disease of choroid, diabetes, etc., or due to a jostling of the lens in its fossa or its luxation from concus-

\* The tension is tested by gentle palpation with the tips of the index fingers placed upon the upper lid, the eye being closed and the patient looking downwards. The globe should dimple under very slight pressure.

† A lighted match or taper is moved to and fro, up and down etc., the eye looking straight forward, and should be seen over the normal field or area. Blank portions or marked contractions point to deep-seated disease.

‡ Light, generally artificial, is thrown obliquely into the pupil by means of a strong convex lens. The peripheral striae, small opacities or central haziness of incipient cataract are thus revealed, and more marked lens changes well displayed.

sion of the eyeball. There is often an hereditary tendency to cataract, and in many cases it seems fairly attributable to excessive use of the eyes. The lens substance also becomes opaque when the aqueous humor has direct access to it through a puncture or rent of the capsule, as by a foreign body, instrument, or blow; and, again, where the iris is largely adherent to the lens capsule, owing to neglected iritis, secondary opacity of the lens is apt to supervene.

Idiopathic cataract is generally double, and formerly it was the practice not to operate for hard cataract until the second eye became blind. It is now held that the prolonged anxiety and enforced physical inactivity caused by such delay militate against the success of the operation, and, therefore, extraction of the cataract first mature is often done while the other is yet immature.\*

Advanced age is no bar to the operation if there be a fair degree of vitality. Those who are inordinately fat or are prone to marasmus, and the victims of dyspepsia or alcoholism are not good subjects for extraction. The old "flap" operation, done with a broad triangular knife, is very largely supplanted by some modification of the "modified linear" or "peripheral linear" method, the characteristics of which are, the use of a narrow or linear knife, a curvilinear section across the summit (or bottom) of the cornea, and excision of a segment of iris. It has also the advantage of entailing a much shorter confinement to bed, thirty-six or forty-eight hours generally sufficing; and of a wider range of applicability, in regard to the maturity of the cataract and the age and degree of vitality of the patient. In the treatment of *soft* cataract, namely that ensuing up to the age of thirty or thirty-five, by the ordinary method of needling, discission, or solution, advantage is taken of the fact that the aqueous humour will attack and dissolve the lens sub-

\* Peripheral capsulotomy, the opening of the capsule near the margin of the lens, contiguous to the corneal section, enables us to operate with comparative impunity on immature cataracts, a practice which I have followed with advantage in some instances. The rule still holds, however, that it is better to wait until the cataract is ripe, *i.e.*, until the lens is opaque up to the plane of the iris, and the patient unable, or barely able, to count fingers.



stance when allowed direct access to it. The needle is entered through the cornea, not, as formerly, through the sclerotic; hence the term *keratonyxis*. Instead of resorting to repeated needling during the three or six months required to effect absorption of the lens, *linear* extraction is sometimes adopted as an expeditious and comparatively safe substitute, the lens substance, rendered flocculent and diffuent by maceration for a few days in the aqueous after a free needling, being gently extruded through a short corneal incision. Suction by means of careful aspiration through a tube or by the use of a syringe is sometimes practised, instead of evacuation by pressure and use of the curette. But it is better to make haste slowly in many of these cases, simple needling being the safest procedure. As already explained, lesion of the capsule or disturbance of nutrition by violence is followed by more or less diffuse opacity of the lens, and, therefore, *traumatic* cataract is a not uncommon condition. In such cases it is important to secure the maximum dilatation of the pupil at the earliest moment and keep it up by the use of a strong mydriatic, as sol. atropiæ sulph. gr 4-8 ad 3 aq. Cold or ice water dressings may be required, and they often do good service, during the first few days. In traumatic cataract an operation may be unnecessary, absorption of the lens quietly taking place, but in older subjects extraction may be required, and in younger linear extraction may be done. The latter or a paracentesis is imperative if the eye becomes hard (glaucomatous) or very irritable owing to rapid swelling of the lens, etc. Not unfrequently the posterior capsule becomes gauze-like or partly opaque after extraction, and more decidedly so after iritis,—so-called secondary cataract. Supplementary needling is then required, or a resort to iridotomy,—the division of pupillary membranes and iris by means of a delicate pair of scissors entered through an incision in the cornea. Very strong convex lenses have to be worn after extraction, and with these the final visual result is pretty satisfactory in about 85 per cent. of the cases; ability to read ordinary print being recovered in about 75 per cent.; and sight enough to go about alone in 90 per cent.

## GLAUCOMA.

The chief characteristic of this interesting morbid condition is increased tension or plumpness of the eyeball, which, when in any marked degree, can be readily recognized by palpation. It is to be feared many eyes are allowed to become hopelessly spoiled for lack of this simple procedure, which is too little practised. Primary glaucoma may be of inflammatory or non-inflammatory form, and the glaucomatous state is also secondary to other diseases, as keratitis, staphyloma, dislocated lens, tumour, hæmorrhagic retinitis, &c. Idiopathically, it generally occurs in subjects over forty-five years, and mostly in females. Dyspepsia seems to predispose to it, and an inflammatory attack is sometimes lighted up by great fatigue, anxiety, or shock. Occasionally, it occurs in young subjects by virtue of heredity, and, now and then, the instillation of atropine acts as an exciting cause in older persons.\*

*Simple, chronic, or non-inflammatory* glaucoma is insidious in its progress, and the globe may have become tense, the visual field contracted to a very small area, only central vision and that defective being retained, and the optic disc atrophied and sunken from pressure, the eye meanwhile looking healthy and the subject only aroused to the active condition by the second eye following suit,—a calamity that generally occurs: vision fails more and more, sometimes with, often without, intercurrent inflammation, the pupil is fixed and generally dilated, the lens possibly cataractous, the globe becomes distinctly hard, and, finally, the sight extinct. (G. absolutum.)

In the *acute, inflammatory* form the symptoms are indicative of actual mischief—intense pain, œdema of lids, turgescence and hardness of the globe, steamy cornea, dilated fixed pupil, and blindness. Often there is sympathetic vomiting, and sometimes the diagnosis of a “bilious attack” has been made. Spontaneous partial recovery may occur, but relapses ensue and the eye is lost, and ulti-

\* For a number of years it has been the writer's practice not to use atropine for ophthalmoscopic cases. At any rate, strong solutions are unnecessary and needlessly unpleasant, a very weak solution, gr.  $\frac{1}{4}$ ,  $\frac{1}{2}$  ad. 3j. aq. generally sufficing.

mately the other one too, unless there be timely interference. There is generally a "premonitory" stage of several months duration, a prominent subjective symptom being the observance of coloured rings as of rainbow hues when looking at an artificial light, associated with transient foginess.

The etiology of glaucoma is engaging much attention, and the following are the main factors and features of this morbid process: Increased tension is, with hardly an exception, considered the essential fact of the disease, though in the G. simplex optic nerve atrophy plays an important rôle and the treatment directed to tension is sometimes only of partial benefit or useless; undue rigidity of the sclera; serous choroiditis and intraocular hypersecretion of possible neurotic origin; defective excretion or escape of fluids by virtue of narrowing of the space between the lens margin and the ciliary processes by swelling of one or other, and also contact or union of the peripheral part of the iris and sclero-corneal junction, impeding or closing the avenues to the important venous canal there; atrophy of the ciliary muscle, etc. A pathological condition of some interest is the recession of the face of the optic nerve towards the lamina cribrosa as the result of pressure, producing what is termed pressure-excavation or cupping, a characteristic feature of confirmed glaucoma readily recognizable with the ophthalmoscope. The field of vision is also affected after a manner sufficiently common to be considered characteristic, inability to see objects on the *nasal* side being first noticed, and then above and below, and so on until only a central sensitive point or islet remains.\*

Iridectomy was for years the only radical treatment of glaucoma,—“curing” as if by magic the inflammatory form and arresting most of the simple chronic cases. Its record is a brilliant one: it has saved myriads of eyes and averted an incalculable amount of suffering. To be most effective it should be done promptly in the inflammatory variety, and before the

field of vision is very much curtailed in the non-inflammatory.

*Sclerotomy*, in which a carefully-executed incision by means of a narrow knife, is made in the sclero-corneal junction without removal of any iris, is now being practised in lieu of iridectomy proper for the relief of tension, notably in the later stages of non-inflammatory glaucoma; on the supposition that the escape of intra-ocular fluids by means of filtration through the cicatrix contiguous to the important venous and lymph channels of that region, is the real remedial process, and excision of iris largely superfluous. The place to be filled by it is not fully determined. *Eserin* is of great value in inflammatory glaucoma, repeated instillations (of eserín sulph. grs. iv.—viii. ad. 3j. aq.) at short intervals causing generally marked reduction of tension and abatement of symptoms. In some instances acute attacks and also milder sub-acute seizures are tided over by its use alone, and in others the eye is saved from irretrievable damage until an iridectomy can be done. It is sometimes of service in chronic glaucoma, though occasionally injurious. Its value in arresting staphyloma and averting secondary glaucoma, &c., in extensive ulceration of cornea has been already noticed.

Simple chronic glaucoma is sometimes confounded with cataract because the lens seems hazy and the sight is somewhat impaired, the eye appearing healthy, and also because when it is fully confirmed the lens is often cataractous. But, as already noted, in idiopathic cataract the eye is of normal tension, the pupil active, and the visual field unaffected. Cataract with dilated pupil generally means glaucoma, and if the eye be not hard it is likely quite blind from some other disease. In very young subjects we sometimes find the pupil dilated and the eye more or less hard, and a creamy reflex from the depths of the eye, but the primal mischief is glioma of the retina, which is itself sometimes mistaken for cataract though the lens is generally clear. Inflammatory glaucoma is distinguished from iritis by the hardness of the globe, suddenness of onset, and of loss of sight, and dilatation of the pupil. In iritis, excepting the rare serous form, the eye is of normal tension and the pupil contracted.

\* In testing, one eye should be closed and the other directed straight forward. One's hand or a white watch dial makes a good test object. If cataract be present an artificial light is needed.

## INJURIES.

The eye has wonderful reparative powers, and will bear a deal of damage of a certain kind. There is one part of it, however, which is very intolerant of injury, namely, the ciliary region, corresponding to a circum-corneal zone of about 5 mm. in width; and a small, penetrating wound there may set up serious inflammation (cyclitis, irido-choroiditis, etc.), with loss of the eye, and, finally, of its fellow. Cases where the ciliary body is involved, which fully recover, may be considered exceptional. The entangling of the iris in corneal wounds or incisions, causing much traction upon its tissue or irritation of the ciliary nerves, is a source of danger not to be despised. Happily, we are now armed with a valuable remedy, eserine, the instillation of which done early in strong solutions (grs. 2—4 ad.  $\frac{3}{4}$  j. aq.), by virtue of its powerful myotic properties draws the iris out of the lips of peripheral wounds, or materially lessens its involvement. In cases of prolapse of the iris, if seen at once, the "hernia" can sometimes be reduced by means of a slender, blunt probe, carefully handled, and if this attempt or the vigorous use of eserine does not avail, it is advisable in many cases to excise the knuckle in the wound, or if a cystoid cicatrix should have formed, to split it open and attempt removal of the part involved, or do an iridectomy. In more or less central corneal wounds, especially with injury to the lens, atropine, not eserine, is indicated. Traumatic cataract has been already referred to, but it should be noted that in cases of violence to the eyeball without apparent damage, the prognosis should be somewhat guarded in view of the possible development of cataract, or of detachment of the retina, which is a not infrequent result. Rupture of the choroid may also occur. (I have seen one instance of the almost unique rupture of the retina without external lesion). Not infrequently a good recovery follows a moderate extravasation of blood from traumatism, either spontaneously or under treatment by rest, ice-water dressings, atropine, local depletion etc.; but a copious intra-ocular hæmorrhage puts the eye in a critical state because inflammatory and other changes are likely to supervene. A foreign body on the

iris should be removed without delay through a corneal incision, excision of the underlying iris tissue being often necessary, but if it be a metallic particle and capable of responding, the use of a magnet would likely suffice,—a large one being held close to the corneal wound or cut, or else a probe-point attachment passed within the anterior chamber. This expedient might also effect removal from the region of the lens as well as the anterior part of the vitreous. A foreign body in the vitreous chamber can not unfrequently be seen with the ophthalmoscope or its pathway traced; and even when the vitreous has become hazy and the lens more or less opaque, the presence and position of the intruder may sometimes be determined by testing the field of vision with a lighted taper; a blank or blind spot gives a fairly reliable indication. And again, the holding of a large magnet close to an eye containing a metallic substance capable of responding, will cause pain (by motion) in the globe if encapsulation by lymph etc., have not occurred. The lighting up of severe inflammation after a quiescent period or interval of some days following recovery from the immediate effects of injury, points strongly to the presence of a foreign body; and if a fair trial of the usual antiphlogistic treatment by rest, atropine, cold water dressings, local depletion etc., should fail, and the case go on from bad to worse, the enucleation of the eye is pretty clearly indicated. Some lesions condemn an eye at once to extirpation, e.g., extensive rupture involving the ciliary region even without the presence of a foreign body, and, sooner or later, this is generally its fate; also when a foreign body, even a tiny one, is lodged in the vitreous chamber; for successful removal or tolerance with preservation of a useful organ is the exception. The use of magnets for the extraction of metallic substances will increase the number of recoveries.

## SYMPATHETIC OPHTHALMIA.

The subject of injuries naturally leads to that of sympathetic ophthalmia, though it should not be forgotten that the latter is not always due to traumatism. Although its exact etiology is not fully known, sympathetic ophthalmia is a dread reality, and its chapter is a painfully interesting one. There are two

broad classes of lesion which may entail mischief in the fellow eye, namely, A. wounds, especially those involving the ciliary region or "dangerous zone;" and the presence of foreign bodies; B. Inflammatory, degenerative and other changes, which may or may not be due to original injury. Even a neglected iritis with closed pupil and consecutive changes may excite it. It may develop as early as two weeks, (or even less) after the primary lesion, but even in young subjects, who are the most susceptible, not generally sooner than four to six weeks; and months or years frequently elapse, the offending member being possibly partly atrophied and in a state of chronic or recurrent inflammation (irido-choroiditis), with tenderness in some part of the ciliary region resenting pressure and enforcing care in washing the face, &c. The sympathetic trouble may be confined to a group of symptoms termed sympathetic *irritation*, with more or less photophobia, lachrymation, asthenopia or "weakness," and transient foggiess. This condition may persist for a good while without organic changes, but its occurrence should prove a warning to both patient and practitioner. S. *inflammation* is generally a plastic iritis or irido-choroiditis, insidious, and often painless in its onset, protracted and prone to relapses, almost intractable, and as a rule ending in closed pupil, with degenerated iris glued to lens capsule, hazy or cataractous lens, with also vitreous and retino-choroidal changes; truly, a rather hopeless state of things. It is superfluous to say that the great point is prevention, by a timely enucleation. Once established, the removal of the primarily affected eye, though that may be indicated, will not arrest it or undo the mischief. It is easier to remove an eye than sometimes to take the responsibility of sacrificing it, but the opinion of some, that when sympathetic inflammation has been actually set up it is useless, nay, may be positively injurious to extirpate, should not be unduly magnified, nor should it afford any ground for neglecting to advise enucleation as a prophylactic measure. Some authorities decline to extirpate an eye which is suppurating, fearing secondary meningitis, &c., but in my own experience, covering a number of cases, there has been no mishap, the only special precaution

being the free application of saturated solution of boracic acid by means of the sponges or absorbent cotton to the eye and parts during the operation and as a dressing (iced), with borated vaseline, for a few days afterwards.

#### LACHRYMAL AFFECTIONS.

By the very nature of the case derangement of the lachrymal apparatus may cause untold annoyance; and as epiphora is very common, it is well that there are few cases which cannot be materially relieved. Chronic conjunctivitis and coryza, which should be always looked for and attended to; inversion or eversion of the puncta; mucocoele, which in turn depends on stricture of the nasal duct—these are the usual causes. The modern method of treating stricture by slitting the canaliculi and systematic probing, and, perhaps, the temporary wearing of a stylet, has proved a great advance upon the old line of treatment, though yet giving a smaller percentage of permanently satisfactory results than the surgery of cataract; one explanation being the fact that the lachrymal duct is a bony canal with muco-periosteal lining. Mucocoele, or chronic inflammation of lachrymal sac (chronic dacryocystitis), is easily recognized by the touch if not by the eye, presenting a small doughy swelling at the inner canthus, pressure upon which causes regurgitation of glairy mucus or muco-pus into the conjunctival sac, or, rarely, forces it into the nose. Mucocoele demands attention because, if neglected, slight exciting causes may light up acute inflammation, ending in fistula with its added annoyance and disfigurement. Merely opening the canaliculi into the sac, so that the latter can be emptied by pressure several times a day, instillations or injections of boracic acid and zinc being then used, will generally give marked relief and also prevent an acute attack; and the same course in cases of fistula will be followed by speedy healing of the sinus and contraction of the sac (unless there be bone disease), though radical treatment requires relief of the stricture. The most troublesome epiphora may arise without mucocoele, stricture, or mal-position of the puncta, from a tightening or stricture of the tiny sphincter at the inner end of the canaliculi. Dilatation, or division by a fine probe-pointed knife gives marked,

if not perfect, relief, but is a little feat sometimes more difficult of execution than may seem. Acute inflammation of the lachrymalsac is sometimes diagnosed erysipelas, owing to the extensive inflammatory oedema of the surrounding parts, involving the cheek and even the lids of the opposite side; but the less rapid onset, and the history, generally to be had, of a previous epiphora and mucocele, and the fact that pressure on the sac gives acute pain and reveals a tense tumour-like swelling will make the differential diagnosis easy. A prompt opening of the canaliculi into the sac will generally abort the inflammation and give vent to the inflammatory products, and later on probing can be instituted. A number of cases of mucocele or fistula have occurred to me in infants, requiring operative treatment, and as a rule resulting well. It should be added that chronic conjunctivitis with slight eversion or atresia of the lower punctum will sometimes persist in spite of the ordinary treatment unless the canaliculus be slit, the cut being made well on the inner wall, and possibly a little bit of conjunctiva cut out in order to favor traction inwards by cicatrization.

#### A CASE OF PELVIC HÆMATOCELE (RETRO-UTERINE).

BY H. P. HENNING, M.C.P. AND S.O.

Mrs. R—, æt. 28. Health had always been good; a stout robust-looking woman. A day or two before I saw her, July 25, 1879, she had fallen or jumped down a distance of four or five feet in the barn, and now complained of a severe sharp pain low down in the pelvis. The fall occurred at the proper time for the recurrence of a menstrual period. There was a good deal of hæmorrhage from the uterus for a few days; was called again on July 31, six days afterwards, the hæmorrhage had nearly ceased, but the pains had continued to increase in severity and duration—one or two hours at a time—and occurring two or three times in the twenty-four hours. I now made a thorough examination, both digital and specular, and could find nothing wrong. There was no puffiness about the uterus.

Saw the patient Aug. 2. The paroxysms of very severe pain continued. There were no other symptoms, except slight exhaustion from the suffering. Did not make a vaginal examination; left opiates, and had the patient rest in bed.

Was called again Aug. 8. The only symptom yet was the pain, which was increasing in severity, and of longer duration. I now made another examination per vaginam, and discovered a large tumour behind and on each side of the uterus, pressing the latter forwards. Continued to treat the patient with rest, absorbents, and opiates until August 21, with the result of a large increase in the tumour, the pain continuing very severe. The os uteri was pushed forward and upward almost out of reach. I now called to my assistance Dr. McCollom, of Dunnville, and we decided to try the effect of further complete rest, with the before-mentioned medicines.

This course was pursued until Sept. 19. By this time the pain had mostly ceased. The enlargement had increased until the os uteri was completely out of reach, but for the last few days had appeared about the same. The tumour filled up the pelvis all but the lower part, and was so hard that no impression could be made upon its surface by the finger.

I now, Sept. 19, punctured the tumour near the centre with a large-sized trocar leaving the canula, after moving it about pretty freely to break up the clots, this being followed by considerable discharge of broken down blood clot. I afterwards introduced a probe-pointed bistoury and made an opening sufficiently large to admit the finger and turn out a good deal of the clot, but could not clear the cavity as it was so large. The clot continued to break down and come away, was very fetid in character, and the patient began to get chills and showed signs of septicæmia.

I now fitted a female catheter by India rubber tubing six inches in length to a common Davidson's syringe, and using a proper solution of glycerine and carbolic acid in water—nearly a quart—injecting and withdrew the injection repeatedly until the cavity was completely washed out and the liquid returned clear (and here let me remark that there is danger unless

care is taken of drawing the wall of the cavity into the fenestra of the catheter).

Great relief followed at once, the chills ceased entirely. I continued to daily use the injections the same way for a week, and then every second day for another week, by which time the cavity was completely closed as also the opening made with the knife, and the patient soon, without further trouble than consequent weakness for a time, regained her usual health and is now not suffering from any consequence of the hæmatocele.

There seem to be certain peculiarities about this case which differ from most recorded cases. This was, no doubt, an extra-peritoneal hæmatocele. Bernutz says, "The intra-peritoneal is the more common, and the extra-peritoneal is very rare." Lawson Tait says, "That in his experience the latter is ten or twelve times more common." Most authors speak of the tumour as being "doughy-soft." Now the tumour I speak of was very hard, no impression could be made on it by the finger. The last named writer says he has seldom seen any evidence of repetitive hæmorrhage, and never experienced anything approaching to alarm from the immediate symptoms. There was in this case repetitive hæmorrhage for a good many days, for I had a splendid opportunity to watch the process of filling up and distension of the cavity by repeated attacks of the hæmorrhage, and the pain from the distension and the prostration were quite alarming. Most cases were said to surround the uterus. In this case there was no tumour in front of the uterus, which was pushed up out of reach.

The last named author says: "The majority of cases of hæmatocele should be left alone, for they will become *absorbed in greater part though they do not seem ever to disappear entirely*," and goes on to say, "I attended a case with Mr. Brown, of Bath Row, Birmingham, in which there were no urgent symptoms, and which we did not interfere with in any way, *in about four months it had nearly disappeared, leaving only the uterus fixed on the sacrum*; this seeming to be a very common result of hæmatocele." And to quote a little further, "Occasionally we get cases of old neglected hæmatocele which have suppurated and burst

into the rectum, the point of election for their natural opening, and they will go on *discharging quantities of pus for years, exhausting the patient* till a counter-opening is made in the vagina."

The case I described above could not be left alone, as the patient was in a state of extreme pain and exhaustion. Then next, the woman was cured in less than three weeks after operation. There is no fixation of the uterus to the sacrum, and nothing to indicate that the woman once had a hæmatocele. Would it not be better to operate in such cases after the attacks of hæmorrhage have ceased than to leave a chance for discharging quantities of pus for years, or the more harmless but still unwelcome fixation of uterus to the sacrum with long months of illness and lying on a hard bed?

#### CASE OF HYDATID DISEASE OF LIVER —SPONTANEOUS CURE OWING TO CALCAREOUS DEGENERATION OF THE CYST.

Reported by W. G. ANGLIN, Medical Student.

The following case is reported as one rarely seen in general practice, and will no doubt be of pathological interest to our readers:—

On the 23rd May, 1881, S. C., aged 62 years, a patient in the Asylum for the Insane, Kingston, Ont., died suddenly, and seven hours after death a post-mortem examination was made to ascertain, if possible, the cause of death. The patient was a native of England, and belonged to the poorer classes. When young he was addicted to the use of alcoholic liquors in excess, and the continued intemperance had much to do with the cause of his insanity. He was admitted to the Asylum in March, 1865, suffering from an attack of acute mania, which gradually became chronic in its character, and continued without remission until the patient's death. For some time before this event he had not been feeling well, but did not complain of any particular pain, and refrained from joining the working party on the Asylum farm, an unusual thing for him to do, as he was an exceptionally well-developed muscular man, and always an active worker.

This illness was so slight that he was not prescribed for, and after a few days' rest he re-

sumed work, and the day before his death was in remarkably good spirits.

Next morning, after partaking of an unusually hearty breakfast, he went down to the basement for a smoke, and not more than five minutes afterwards was found in a dying condition at the door. The Assistant Medical Officer was immediately summoned, but upon reaching the spot found the patient dead. The facial expression was placid; there was no discolouration of the skin from capillary congestion; no frothing at the mouth or any other evidence of epileptic seizure; no wounds or bruises, with the exception of a very slight scalp wound, supposed to have been caused by falling from his seat as he became unconscious.

The autopsy was very minute, and yet no apparent cause of death could be made out, a result which, while it proved extremely unsatisfactory, is not of exceedingly rare occurrence in cases of sudden death.\*

Without entering into details of the entire autopsy, the most important object of pathological interest which presented itself will be described. This was found in the liver. Upon passing the hand beneath the base of the left lung a hard, nodular mass was distinctly felt through the diaphragm. This at once drew attention to the liver, which organ when "in situ" presented a healthy appearance and was not abnormally large—the left lobe, however, projected further than usual to the left side.

On attempting to raise the left lobe it was found to be firmly attached to the diaphragm through the intervention of this hard, globular mass which could now be distinctly made out. In order to raise the liver the adhesions were not broken, but the adherent mass of liver and diaphragm was removed.

When placed upon the scales, the whole organ, with a small piece of attached diaphragm, was found to weigh fifty-five ounces. The general appearance was healthy, but the discovery of the morbid growth before mentioned, as well as two calcareous bodies, each about the size of a pea, made the examination one of great interest.

The cystic tumour found in the left lobe was nearly round, very hard, of a dirty-white color,

and looked like an ordinary billiard ball. It was one and three-quarter ( $1\frac{3}{4}$ ) inches in diameter, attached firmly by its upper surface to the diaphragm and free on its lower side, being partly encircled by the substance of the liver and projecting slightly from the left extremity.

At the time of the post-mortem examination it was impossible to determine the nature of the tumour, but minute investigation of the foreign body revealed the following facts, viz:—

First,—That the tumour was cystic in its character.

Secondly,—That it was of parasitic origin.

Thirdly,—That the parasites had perished and undergone a process of degeneration.

The wall of the cyst was calcareous, hard, and brittle, being of variable thickness, from one-sixteenth to one-eighth of an inch thick. The contents were of a putty-like consistence, having evidently undergone transformation and become atheromatous—deeply stained with bile, and had an offensive odor. Small fragments of calcareous matter were also present.

A microscopical examination of the contents was made with the following result:—Large numbers of crystals of cholesterine and hæmatoidine were to be seen under a  $\frac{1}{4}$ th objective, and hooklets of the "echinococcus" were distinctly visible, both separately and in groups of three or four.

The hooklets were not numerous, but to be seen in sufficient quantity to establish beyond a doubt the origin of the tumour.

This form of tumour is of very rare occurrence in this country, and the spontaneous cure effected by the calcareous degeneration of the coats of the cyst proved a fortunate thing for the patient.

\* Frerichs remarks that he has seen a hydatid cyst of the size of a goose-egg, completely surrounded on all sides by a calcareous shell from 2 to 3 lines thick.

It may be mentioned that in the examination of the brain, the coats of the majority of the vessels were filled with an atheromatous deposit and atheroma of the basilar artery was particularly noticeable.

Also, as hydatid disease of the liver and lungs, and more especially of the liver and

\* Delafield on Post-Mortems

\* Reynolds' System of Medicine. Vol. III., p. 393.

spleen, are said frequently to co-exist, it may be well to state that both these organs were thoroughly examined and found to be in an apparently healthy condition, no trace of disease being observable.

### TREATMENT OF PERITONITIS.

BY A. M'PHEDRAN, M.B.,  
Physician to the Toronto Dispensary.

(Read before the Medical Society.)

Quinine has the power of arresting inflammation if given before migration of the white corpuscles, or proliferation of the cellular elements of the inflamed tissue has taken place, but is powerless to prevent the further progress of the disease after the occurrence of these processes as it cannot cause the disintegration and absorption of inflammatory products. The addition of morphia greatly increases the utility of quinine in this direction. Therefore, in a case of threatening peritonitis, or one in the initial stage, an effort should be made to arrest the disease by the administration of two or three large doses of quinine, about twenty grains each.

Opium is the most important of all remedies in inflammation, and is of special utility when the serous membranes are affected. It relieves pain, allays excitement, quiets restlessness, and gives sleep, thus lessening the depression of the vital forces. By adding to the tone of the blood-vessels it aids in maintaining the blood current and hindering the migration of the white corpuscles. Bartholow says there is good reason to believe that the early administration of opium will cut short an attack of inflammation of the serous membranes; if the disease is too far advanced to effect that purpose, it will modify materially its course and duration. It is in peritonitis that the curative powers of opium are specially evident. Besides its constitutional effect it stops all peristalsis of the bowels, thus securing complete rest, the most essential element in the treatment of all acute inflammations. To obtain this desired result, the opiate must be given in such doses, irrespective of the amount, as are needed to keep the patient in a state bordering on narcotism, as shown by the absence of pain, the slow respira-

tion, and the somnolency from which, however, he should always be easily roused, lest the effect of the opiate be carried too far. This condition is to be maintained till the last trace of the disease has disappeared, as relapse is liable to follow too early suspension of the opiate. Fordyce Barker, in his admirable treatise on Puerperal Diseases says, he has often had to continue the opiate for a week or two after the abdominal pain, tenderness and tympanites had disappeared, because the appetite did not return, and the pulse continued quick and temperature high. Morphia is the best form in which to give the opiate, and is best administered by the stomach, as the hypodermic injection usually causes considerable excitement, and this should, if possible, be avoided. If the stomach reject the medicine then it may be given hypodermically till quiet is restored. There is often remarkable tolerance of opium in peritonitis. In a case recorded in Barker's work, above referred to, over 80 gra. of sulphate of morphia were administered in 24 hours, and other cases are reported, in which quantities almost as large were borne.

It is of great importance to allay the vascular excitement in peritonitis as it tends to rapid depression of the vital powers. In vigorous patients, with a full strong pulse, the most effectual means for attaining this end is venesection. In the *Lancet* (1859), a case is recorded by Erichsen of acute peritonitis and pleuritis from injury that yielded at once to venesection, twenty-four ounces of blood being drawn. All evidence of inflammation had disappeared in less than six days. But in the great majority of cases the patients are not sufficiently vigorous to render recourse to the lancet advisable; in these cases the vascular excitement must be quieted without loss to the vital powers. Two remedies meet the requirements very efficiently—aconite and veratrum viride. Both act as depressants to the vaso-motor centres. Aconite dilates the arterioles, doubling their capacity, and thus relieves the congestion of the inflamed part or organ—"bleeds the patients into himself" (Fothergill.) It appears to be more effectual in small inflammations as tonsillitis. It must be given in small doses (1 to 2 gtt) and repeated frequently—in most cases hourly, and



sometimes it may be given every fifteen minutes for a few doses with advantage. *Veratrum viride* causes contraction of the arterioles unless given in lethal doses, and would, therefore, probably, have no local effect on the inflamed part, similar to aconite. It should be given in 3-5 m. doses, and repeated hourly till the pulse is reduced to 80 in the minute, and continued in such quantities as are necessary to maintain about this rate of pulse. Either medicine requires careful and intelligent administration to be of much service; given in a haphazard fashion it would be useless, if not dangerous.

If the rapid pulse is due to exhaustion, instead of these depressants, stimulants, especially the alcoholic, are indicated to slow and strengthen the pulse and maintain the powers of the patient past the critical period. They should not be delayed too long, nor given too sparingly, as the tendency in peritonitis is to rapid asthenia. Alcohol increases the supply of blood to the brain, promotes digestion and assimilation, and diminishes the waste of tissue (Beale); it is, therefore, of the greatest utility in all acute diseases in which waste greatly exceeds assimilation.

Vomiting is frequently a troublesome complication; it indicates inflammation of the serous coat of the stomach, as frequent painful micturition does that of the serous coat of the bladder. It should be treated by morphia hypodermically and ice, hydrocyanic acid, bismuth, etc., by the mouth. If the vomiting persists, and is frequent and bilious, Fordyce Barker advises giving 10 grains of calomel, well rubbed up with 20 grains of bicarbonate of sodium. This will cause two or three free watery, usually painless, evacuations from the bowels; they usually relieve the vomiting. The peristalsis of the bowels, caused by the calomel, cannot do as much injury to the inflamed structures, as the movement of the stomach in the persistent vomiting. Purgatives are advisable under no other conditions. As much nourishment as possible should be taken, chiefly fluid, and in small quantities at short intervals, especially if there is a tendency to vomiting.

Turpentine applied to the abdomen is of great service in relieving the pain and tympanites.

It is best applied sprinkled on two or three layers of flannel promptly wrung out of hot water. It seldom can be borne longer than twenty minutes; on removing the flannel the abdomen should be covered with cotton wool, over which laudanum may be freely sprinkled to allay the burning pain caused by the turpentine. The application should be repeated as often as it can be borne. The effect is usually to lessen the tympanites and improve the general condition of the patient as shown by moistening of the tongue and skin, fuller pulse, and less anxious countenance. This may be due simply to the counter-irritant effect, or possibly to absorption of some of the turpentine. For the typhoid state turpentine is an excellent stimulant. From five to fifteen drops may be given on lump sugar or in emulsion. The existence of tympanites is an additional indication for its administration in peritonitis.

The utmost quiet should be enjoined on the patient. No unnecessary movement, active or passive, should be permitted. If much straining is needed to empty the bladder a catheter should be used.

In the discussion that followed the President referred to several cases of peritonitis he had had in his practice, and pointed out the great benefit derived from the administration of turpentine and carbonate of ammonia, when there was much prostration.

Dr. Oldright had given *veratrum viride* and found it the most effective remedy in allaying vascular excitement.

**GELSEMIUM IN RHUS POISONING.**—Dr. Benjamin Edson, of Brooklyn, recommends (*New York Medical Journal*) the following wash for the rapid relief of symptoms produced by poison ivy:—R. Acid carbol. ʒss; ext. gelsem. fluidi ʒii; glycerini ʒss; aquae. ad. ʒiv ℥. With this cloths are to be kept moistened and applied to the parts affected. Internally the fluid extract of gelsemium in two minimum doses every three hours. Thirty-six hours sufficed to control the symptoms.

The idea that iron is an analeptic has come to an end. Alimentation is more than sufficient to furnish the two or three grams of iron which are contained in the totality of an adult's blood.—Dr. Luton, in *L'Union Médicale*.

### Selections: Medicine.

#### AN ABSTRACT OF REMARKS ON THE PRACTICAL SIGNIFICANCE OF CRYSTALLINE AND OTHER URINARY SEDIMENTS, EXCEPT TUBE-CASTS.

Read before the Clinical Section of the Philadelphia County Medical Society, January 31, 1882.

BY JAMES TYSON, M.D.

In the first place, no crystalline or other urinary sediments are of any significance unless they are present in urine at the time it is passed or immediately thereafter. Nor can the occasional appearance of these sediments have any significance. They should occur continuously, or at least for several days in succession.

Secondly, of the urinary sediments referred to, I will consider only the following :

1. *Uric acid and urates*.—They indicate insufficient ingestion of fluids, imperfect oxidation of the proximate principles which go to make up food, or excessive acidity of the urine as the result of which they are precipitated. Such conditions may result in the undue accumulation of these substances in the blood, or their deposit as sediments in certain parts of the urinary passages, as the pelvis of the kidney, ureters and bladder, in such quantities as to form calculous aggregations with the symptoms which usually attach to them.

The former—that is, undue accumulation in the blood—gives rise to gout or the condition to which the name lithæmia has been applied, and of which the symptoms have been well described by Da Costa in a recent paper.\*

Uric acid is very easily recognized by the rhombic shape or some one of its variations; if there is any doubt about any of these forms, it may be removed if it be remembered that uric-acid crystals are invariably stained yellow, which is true of no other crystalline sediment of the urine except the urate of ammonium, which exists only in spherules similarly coloured, but by their shape easily distinguished. Amorphous urates of sodium and potassium, which frequently accompany uric acid, may be recognized by their pink, fawn, or brick-dust

hue, and their solubility by warmth. In form they are not distinguishable from any other amorphous matter.

A good method of dissolving amorphous urates—which often fall in cold weather during the transit of a specimen from the patient's house to the doctor's office, and make the detection of other more important sediments difficult—is to place the bottle for a few minutes in a pitcher of hot water.

The treatment of uric-acid and uratic sediments is by diluents of an alkaline or even neutral reaction. The citrates, acetates, and carbonates of the alkalies, *freely* diluted, in most instances speedily dissipate these sediments. Even the use of a quart of plain water in addition to that ordinarily ingested in the twenty-four hours will have the desired effect. And I am certain that the effect of the chemically-indifferent mineral waters which are so much advertised and consumed in this country is due to the dilution they afford.

With regard to the solution of uric-acid calculi in the urinary passages, the experimental researches of Roberts, of Manchester, England, have shown that by the administration of alkalies, it is at least possible to prevent them from growing larger. Elimination by aperients, especially by the natural aperient mineral waters, as Hunyadi and Friedrichshalle, is efficient in relieving the kidneys of a part of their work.

2. *Sediments of oxalate of lime*, which are readily recognized by their octahedral and dumb-bell forms, are also the result of mal-assimilation, indigestion, or the ingestion with the food of substances containing large amounts of oxalic acid, as the pie-plant, sorrel, and tomatoes. Their significance also depends upon their permanence. If permanent or sufficiently abundant, they may cause irritation of the urinary passages similar to that resulting from uric-acid accretions.

The treatment of oxalate-of-lime sediments is that of the mal-assimilation and indigestion of which they are the symptoms. A solvent treatment of oxalate-of-lime calculi in the body is admitted to be impossible; but the same method of treatment which tends to prevent the formation of uric-acid sediments will pre-

\* American Journal of the Medical Sciences, October, 1881.

vent the formation of oxalates, as they are both the result of the same conditions.

3. *Phosphatic sediments*.—These include the crystalline triple phosphate, phosphate of lime, and amorphous phosphates. They occur only in alkaline urine, and if present when the urine is passed or soon thereafter—when alone they are of any significance—they indicate that the urine is alkaline at such time. The result of a constant condition of this kind, which, it is important to remember, may occur from the excessive administration of alkaline remedies, may be phosphatic accretions in the urinary passages. These may occasion the same symptoms of irritation as those of uric-acid and oxalates.

As to *treatment*, it is acknowledged to be impossible to produce by medication such a degree of acidity of the urine as will dissolve phosphatic accretions of any size; but here, again, the natural acid reaction of the urine may be restored and kept up by the administration of benzoic acid, which is, in my experience, the only remedy to be relied upon for this purpose. Phosphatic sediments often accompany the pus and mucus which are the result of inflammation of the bladder, but it is questionable whether they as sediments add to the inconvenience of these affections. This is chiefly due to the viscid, glairy product of the action of alkalies on pus, which is the principal cause of the difficult and painful micturition which attends this condition.

Serious errors in practice are often made by the administration of alkaline mineral waters in these conditions of phosphatic sediments, these waters being indiscriminately resorted to in all bladder affections, without regard to accurate diagnosis.

4. *Urate of ammonium* appears in the shape of yellow spheres in urine of alkaline reaction, under the same circumstances as those under which the phosphates are found.—*Philadelphia Medical Times*.

RÖTHELN.—Dr. Block (Hospitals Tidende, February 8, 1882), attaches great diagnostic importance to the swelling and tenderness of the lymphatic glands, especially of the post cervical glands. This may occur during the prodromal stage, and will then, Block is inclined to think, furnish a valuable means of differential diagnosis between rubeola and rötheln.—*Chicago Medical Review*.

## VARIOLA AND THE ANTISEPTIC OF M. PENNÈS.

BY P. H. BRYCE, M.A., M.D., TORONTO.

*Journal D'Hygiene, Paris.*

In the review of the *Exposition of Sciences Applied to Industry*, we have noticed that the judges awarded a *diploma* to M. Pennès for the great variety of zoological preparations preserved by his *vinegar*, composed of salicylic acid and eucalyptus as the principal bases.

The successes which this new product has met with, in some twenty hospitals in Paris, under the control of the most prominent medical men, have already awarded it a worthy recompense.

Now, we recognize with pleasure that this antiseptic of Pennès has realized a real advance in the treatment of variola, which continues to make ravages, both in private abodes and in the hospitals of Paris.

In the words of one of the most distinguished physicians of the St. Louis:—"The *Vinaigre de Pennès* has realized, in our hands, the most brilliant expectations that its chemical composition has allowed us to conceive of. For nearly six months we have had recourse to this powerful therapeutic agent in our *service* of small-pox at the hospital of St. Louis, and we cannot sufficiently praise the brilliant results which it has given us in its various methods of application.

1st. Employed in the form of pulverization with the aid of Lister's apparatus, and following the same methods as for the carbolic spray, the *Vinaigre de Pennès*, reduced by five times its weight of water, has served us as a means of disinfection in our small-pox wards.

2nd. The jet of antiseptic spray, directed upon the face and the skin, facilitates, in a remarkable degree, the detachment of the crusts which the varioloid pustules leave after them, and masks the smell, sometimes so repulsive, which is exhaled from the bodies of such patients. It is, especially in the after-stages of small-pox, and principally in those of desiccation, that this spray renders the greatest service. To the action produced by the vapour upon the crusts is added, in effect, the action which is exerted upon the subjacent surfaces,

the cicatrization of which is manifestly hastened. The patients are fond of the spray and ask for it. The odour of this antiseptic is agreeable and pleasant.

The spray begun early, from the tenth to twelfth day of a coherent variola, and directed specially upon the face of the patient, is repeated four or five times during the day; it thus prevents patients from scratching by allaying the uneasiness, and effaces, by favouring cicatrization, the hideous marks which the disease so often leaves after it.

These antizymotic vapours have, moreover, the merit of preventing, when frequently renewed, those *saillies verruqueuses*, true post-varioloïd condylomata, so frequent upon the face, and so slow in disappearing.

3rd. It often happens that patients are taken to the hospital in a carriage, this vehicle thus becoming one of the surest means of contagion. Hence, should there not be an immediate application of this prophylactic vapour to it? We have been accustomed to spray the carriage with it.

4th. The *vinaigre de Pennès* has equally rendered service as a lotion in baths for cleansing the ulcerated surfaces so frequently following the opening of abscesses—frequent in the later stages of small-pox.

In a word, this new agent appears, to us, to realize a true progress in the prophylactic treatment of contagious diseases, parasitic or zymotic, and we are happy to be able to denote here the principal indications for its employment, and the benefits following its use.—*Dr. Labadie-Lagrave, Médecin des Hôpitaux de Paris.*

ADMINISTRATION OF OIL OF TURPENTINE.—Ordinary sulphuric ether has the property of modifying the persistently unpleasant flavour of oil of turpentine. The following mixture has been found very beneficial in vesical catarrh, neuralgia, and sciatica:—

R. Ol. terebinth. . . . . 3ij.  
Æther sulphur. . . . . 3j.

Mix by shaking violently, and add:

Syr. aurant. flor. . . . . 3j.  
Aque . . . . . 3iv.

M. S.—Teaspoonful every 2 hours.—*Druggists' Circular.*

## KOCH AND THE INFECTIVE ELEMENT IN TUBERCULOSIS.

Ever since Villemin, more than fifteen years ago, claimed, as the result of his experiments on the lower animals, that tubercle was a specific disease, due to a special virus, almost endless experiments have been made in different parts of the world to test the validity of his statements. The outcome of their conjoined labors has placed the matter in a somewhat new light, for while it has been determined with great accuracy that the miliary granulum is a product of inflammation, it has also been shown, with about as much certainty, that various organic substances may produce it, and, therefore, to a certain extent it may be classed among the infective diseases. These results have been derived from the studies of Fox, Sanderson, Clarke, Cohnheim, Salomonsen, and Buhl. Those, however, who, like Cohnheim, Klebs, and Koch, maintain that the tubercle granulum is due solely to the interposition of a specific virus, have naturally hunted for it with their microscopes, but thus far when one has proclaimed a discovery he has obtained little credence, because these alleged discoveries have almost invariably proved premature. The latest announcement comes from Robert Koch, who has recently received an appointment as advisory councillor in the Sanitary Department in Berlin. He claimed by using aniline dyes to have been able to colour certain minute bacterial organisms found in tuberculosis, and he is prepared to affirm that they are the essential elements that cause infection.

The dyes in question are methyl-blue and vesuvin, which cause peculiar staining, differentiating them from the ordinary bacteria of decomposition that take a purple colour with hæmatoxylin. His method is as follows: A methyl-blue fluid is made, which consists of 1 c.c. of a concentrated alcoholic solution of methyl-blue in 200 c.c. of distilled water, to which 0.2 c.c. of a 10 per cent. caustic soda solution has been added. The preparations remain in this mixture from twenty to twenty-four hours, or, if they are kept at a temperature of 104° F. in the water-bath, the time may be reduced to a half-hour. Then the same pre-

parations are flooded with a concentrated watery solution of vesuvium, and two minutes later are washed with distilled water. All animal tissues and ordinary bacteria are now said to be stained brown (lepra bacilli excepted), but the tubercular parasite is coloured blue.

He further announces that he has been able to isolate these bacteria from the others with which they are found, by successive cultures in the well-known sterilized fluids. He regards these bacteria as different from those that have been described by Klebs, Schuller, or Aufrecht. His experiments have been very numerous.—*Cincinnati Medical News*.

#### AMYLOID KIDNEY WITHOUT ALBUMINURIA.

J. Straus concludes a paper on amyloid kidney without albuminuria, as follows:—

1. In certain cases of amyloid degeneration of the kidneys, albuminuria may be constantly absent until death.

2. The absence of albuminuria is due on the one hand to the absence of a deep lesion (interstitial or epithelial) of the kidney, and on the other hand to a special localisation of the amyloid degeneration. This, in such cases, bears chiefly upon the *vasa recta* of the medullary substance and implicates in a minor degree the glomerular vessels.

3. From a clinical point of view, if in a phthisic, or an inveterate syphilitic, or a subject of chronic osseous suppuration, etc., we find enlargement of the spleen and of the liver, but *without albuminuria*, we are not justified on this account in rejecting the idea of amyloid degeneration of the viscera, nor even in absolutely denying amyloid degeneration of the kidneys.

4. Those authors who date the beginning of amyloid degeneration in the economy from the moment at which they observe the presence of albumen in the urine, commit a double error, (a) because amyloid degeneration is far from beginning always by invading the kidneys. On the contrary, the spleen and the liver are habitually the first to be attacked, (b) because the kidney itself may be suffering from amyloid

degeneration without albuminuria being present. It is then necessary to mistrust calculations by which it has been sought to fix the possible duration of life in subjects afflicted with amyloid cachexy, by making this date from the first appearance of albuminuria.—*L'Union Médical*.

#### FORCED FEEDING IN PHTHISIS.

We recently called attention to the proposal of M. Debove to treat cases of phthisis attended with vomiting, &c., by forced feeding with the stomach pump, and the subject was again brought before the Société Médicale des Hôpitaux, on April 14th by M. Dujardin-Beaumetz, who had at first met with little success, in consequence, he believed, of having employed raw meat and eggs. M. Debove, on the other hand, transforms the food into impalpable powder before administering it to his patients. This M. Beaumetz has given in a daily quantity of 200 grammes, which correspond to 600 grammes of raw meat, and he has obtained by this means the same results as M. Debove—progressive fattening and general amelioration, especially in hysterical patients with almost intractable vomiting, which ceased completely under the new method of treatment, although if ordinary feeding by the mouth were attempted the vomiting reappeared at once, as if excited by a pharyngeal spasm, the result of the passage of the food down the throat. M. Debove stated that all the phthisical patients treated by this method were doing admirably, fattening in a remarkable manner, some having gained twelve kilogrammes in a month, and most of them seemed in a fair way towards recovery. One of the patients, however, having obtained permission to go out for a couple of hours, under the promise of taking no alcohol, had employed the time in such pleasures of another kind that he returned with absolute retention of urine, and the necessary surgical treatment resulted in his death. The subsequent post-mortem examination showed that the large cavities in the lungs were lined with granulations, and in full process of healing.—*London Lancet*.

### TREATMENT OF ACUTE DYSENTERY WITH ACONITE.

Dr. Wm. Owens reports 151 cases of acute dysentery occurring in the Convict Hospital, Port Blair, India, which were treated with tincture of aconite; all the cases were typical examples of acute dysentery, and all, with one exception, recovered. He states that he was led to give aconite a trial, as the remedy most likely to be successful, from the following considerations:—

(1) From its beneficial action in other acute inflammations.

(2) From its effect on the capillaries of the skin, which it dilates, thus relieving internal congestion.

(3) From its antipyretic action in febrile cases.

(4) From its sedative action on the mucous membrane of the stomach and intestines, and its beneficial action in some forms of dyspepsia. In the first case in which he tried this remedy he was somewhat diffident, and he had ten cases in which a combined treatment of ipecac and aconite was used. However, he soon discontinued the ipecac entirely, finding there was no occasion for its use.

Dr. Owen gives one minim every quarter of an hour for the first two hours, and a minim every subsequent hour, or thirty minims in twenty-four hours; this method he finds to be followed by the best results, inasmuch as the action of the medicine is more rapidly established, and an effect on the disease was more quickly produced than by other methods.—*Medical News*.

DR. KOCH in one of the demonstrations accompanying a discourse to the Physiological Society of Vienna, fully showed that miliary tuberculosis is a bacteria-disease.

1. By a definite method of colouring with methyl violet, and then vesuvium he could regularly discern the very characteristic and motionless projections of the bacillus distinctly on the stage.

2. It occurred to Koch to rear this bacillus out of the animal body and free from all extraneous animal matter, from a specially pre-

pared blood serum—gelatine. The bacillus grew very slowly, thrived only at a temperature of 30 to 42 C., and was substantially changed from the distinctly pathological bacillus to the coccus.

3. With these, outside of the organism, for a period of 200 days, from glass to glass, there was obtained a cultivated bacillus, in a constant and characteristic way, similar to those found in tubercle.

4. When this crop, raised from the coccus, was injected into the blood of an animal, acute tuberculosis was produced in a short time.

MINIMUM DOSES OF IODIDE OF POTASSIUM IN FRONTAL HEADACHES.—Dr. Haley draws attention to the powerful anti-cephalgic properties of this drug when used in small doses. As a rule, a heavy, dull headache situated over the brows, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food which sometimes approaches to nausea, can be entirely removed in about ten minutes by a two-grain dose of iodide of potassium dissolved in about half a wineglassful of water, this being quietly sipped so that the whole quantity is consumed in about ten minutes. This class of headache seems to have no particular or definite cause, belonging apparently to the class of sympathetic headaches. In many cases the effect of these small doses is simply wonderful, and their great advantage is the rapidity with which they act.—*Australian Medical Journal*.

A bill has been introduced into the New York Assembly, ordering all persons selling poisons of any nature to put up the same in a corrugated bottle or box, with a printed label giving the antidote in English and German. In case of failure to comply, the wholesale or retail dealer is declared guilty of a misdemeanor.—*American Medical Weekly*.

MENTAL STATUS OF GUTEAU.—Dr. W. A. F. Browne, Royal Commissioner in Lunacy for Scotland, (*Journal of Psychological Medicine*, Volume VIII, Part I.) after a careful analysis of the expert and other testimony given in the Guiteau case comes to the conclusion that Guiteau was insane.—*Chicago Medical Review*.

## Surgery.

### JUXTA-EPIPHYSEAL SPRAIN, ITS IMMEDIATE AND REMOTE CONSEQUENCES IN REGARD TO INFLAMMATION OF THE BONES.

BY OLLIER.

In his work the author gives extensive conclusions which suffice to convey a just idea of it.

1. Juxta-epiphyseal sprain is the totality of the lesions produced in the juxta-epiphyseal regions of the diaphysis of the long bones by forced movements of the articulations.

2. In young children, especially under the age of 3 years, forced movements of the articulations do not produce appreciable articular disorders; they give rise chiefly to disturbances in the osseous tissue of the juxta-epiphyseal regions.

3. These disorders of the osseous tissue consist, sometimes, in the first degree of diaphyseal separation, sometimes in an incomplete fracture of the juxta-epiphyseal region. They are the more easily produced according as the consistence of the bone has been more altered, either by rachitism or by any other acute or chronic affection, which may have disturbed the nutrition of the osseous system.

4. As these lesions occur in the depth of the bone beneath the periosteum, they often pass unperceived, not only by the clinician whose eyes are solely preoccupied by the search for articular lesions, but also by the experimentalists, who have not recognised them, although they must necessarily have produced them in all their experiments upon the so-called separation of the epiphyses.

5. These disorders consist in the following lesions: crushing depression, trabecular fractures of the spongy tissue, inflexion, torsion, infraction of the thin compact peripheral layer, and as a consequence of these ruptures, expression of the medullary juice, blood effusions into the spongy tissue, and beneath the more or less separated periosteum.

6. If the effort continues, permanent depression of the compact peripheral layer on the side of flexion, (juxta-epiphyseal notch) fracture by dragging-tension and tearing of the periosteum on the side of extension. This is the moment

at which are prepared and soon effected fracture or separation of the diaphysis and its luxation without the periosteal sheath.

7. Juxta-epiphyseal sprain is generally without gravity, and is reduced to a painful torpor which soon disappears of itself. But if the child is not taken care of, and if it is scrofulous or hereditarily predisposed to tubercle, the juxta-epiphyseal sprain will be the frequent origin of osteomyelites, early or late, which are explained by the depression and the trabecular fractures of the spongy tissue. All the forms of osteomyelitis may be consequent upon the lesions of juxta-epiphyseal sprain.

8. Juxta-epiphyseal sprain gives rise to a tumefaction more or less painful, but very clear, of the juxta-epiphyseal region, the neighbouring articulations remaining free. *This is the characteristic symptom of this lesion.* It is due to the tumefaction of the separated periosteum, and the hyperplasia of its osteogenic layer.

9. What has been called *painful forced pronation, painful torpor* of young children is explained by juxta-epiphyseal sprain.

10. To prevent the dangers of juxta-epiphyseal sprain, there is only immobilisation of the limbs for a sufficient time. It is necessary then to carefully examine in children limbs which have been the seat of a forced movement, or which have suffered in a fall, and if we find a juxta-epiphyseal swelling, painful or not, to care for these children until the bone has regained its normal volume.—(*Revue de Chir.*)—*L'Union Medical.*

ORCHITIS.—I know of no remedy that will allay the pain, and subdue the inflammation of a swelled testicle so effectually, as a tobacco and flaxseed meal poultice. The application was used by some New York surgeons long before it became much known, and Van Buren and Keyes have probably done more than any others to spread the knowledge of its use. A hot flaxseed meal poultice to which has been added previously, about half a paper of fine cut chewing tobacco, should be applied fresh two or three times a day, until the swelling and pain subside. A piece of oil silk should be placed outside the poultice to prevent evaporation. This poultice gives relief quickly, and in the course of a few days, the swelling is so reduced that an ordinary suspensory bandage may be worn with comfort.—*Phila. Medical Times.*

## SUBBOTIN ON TREATMENT OF HÆMORRHOIDS BY FORCIBLE DILATATION OF THE ANUS.

V. IDELSON, M.D.

Having referred to the dangers accompanying the usual methods of radical treatment of hæmorrhoids, i.e., excision, ligature, and cauterisation, Professor Subbotin (*Mejdunarodnaia Clinica*, No. 1, 1882) advocates a fourth method, which is alleged to be entirely free of such dangers as subsequent pyæmia, stricture of the anus, secondary hæmorrhage, general peritonitis, etc. This operation is forcible dilatation of the anus and lower part of the rectum, recommended, about thirty years ago, by Maisonneuve, and after many years of oblivion, in 1876-77, again introduced into practice by Verneuil and Fontan, and later by Guyon, Trélat, and other French surgeons. The author, from his own experience, draws attention to the simplicity, safety, rapidity of curative action, and efficiency of this method, which is described by him as follows: On the day before the operation the bowels are thoroughly opened by a purgative; and immediately before the dilatation, the rectum is washed out by an enema. The patient being brought under the influence of chloroform, and placed on his left side, with his thighs fully flexed, the operator stands behind the patient and introduces a bivalved Recamier's anal speculum, then he gradually and cautiously opens the speculum (introduced down to its handle); and, when all the rugæ of the ano-rectal mucous membrane have been effaced by stretching, he leaves the instrument opened to its widest extent *in situ* for two or three minutes, and then removes it. With this action the treatment comes to an end, no after-treatment being required. The operation lasts about six to eight minutes. The immediate effects of the dilatation consist: 1. in a paretic state of both rectal sphincters, which exists three or four days, and then is followed by normal contraction of the parts; and 2, in complete relaxation or disappearance of the hæmorrhoid varices. Small piles usually disappear at once, never to return; large ones remain visible for some time after the operation as soft, lax,

and empty capsules. These are gradually diminished, and, as a rule, finally disappear, or remain in the shape of simple polypi, causing no discomfort to the patient. According to the author, the action of dilatation in the treatment of hæmorrhoids is two-fold. First, by relaxing the sphincters, it removes the cause of stagnation of the blood in the beginnings of the hæmorrhoidal veins; and, secondly, it expels the contents of the varices and compresses their walls in such a way as to cause their adhesion and obliteration of the cavity. Professor Subbotin points out only two contraindications to forcible dilatation. They are, suppuration and incipient gangrene of the piles. In cases of highly tense and irreducible hæmorrhoids, he advises that the operation should be done in two stages: first, dilating by means of the fingers alone, and, some days later, proceeding with instrumental dilatation.—*London Medical Record*.

## THE REDUCTION OF OLD HERNIÆ.

Ordinarily an old and large hernia is left pretty much to itself. Palliative measures alone are attempted. Yet the positive and continuous inconveniences remain, sufficient in many cases to render life a burden, and should be a constant incentive to renewed efforts. M. Thiry, in the *Bulletin de l'Académie Royale de Belgique*, has lately shown us what may be justly called a new method of dealing with such tumours, by frequently repeated attempts at the taxis with compression during the intervals.

The patient was a man of forty-two, whose hernia measured sixty-seven centimetres in circumference. The intestines had "*perdu droit de domicile*" in the abdomen and were all in the scrotum, and produced a considerable dysuria. Undismayed by the size and age of the hernia, M. Thiry repeated the taxis twenty-four times, at unequal intervals extending over nearly three months. At each sitting more or less of the hernia was reduced, and, once reduced, was retained in place by an elastic bandage. After complete reduction, a truss with a very convex pad penetrating into the ring was applied. At the end of some months,



the reduction was still effectual, the abdomen had resumed its usual rotundity, and urination was readily accomplished. Life had again become desirable.

We commend so happy a success to our readers. Old herniæ are so frequent and so annoying that he who opens a new path to their successful treatment confers a great boon on multitudes of sufferers.

Of course, in very many cases the adhesions are such as to forbid the hope of success. But no such hernia should be abandoned without at least patient and repeated trials.—*Medical News*.

#### TREATMENT OF STRUMOUS GLANDS.

The treatment of chronic caseating strumous glands has undoubtedly been improved in quite recent times. In the earlier stages the external application of iodoform, in the form of its colloidion, is frequently of marked service, and when suppuration has taken place the thorough local application of powdered iodoform, and the enucleation of the glands are of great value in cutting short the affection and producing a quick recovery. In a paper in the *Central. f. Chirurg.*, Dr. Von Lesser points out that the disease in the glands often assumes the form of small caseous foci, which may become encapsuled and possibly calcareous, but are more likely to lead to suppuration, during which they are extruded, or to general tubercular infection. In view of these events he has, while the glands are still only indurated, attempted to enucleate these caseating portions of the glands. His operation is thus performed. Fixing the gland and pushing it forward under the skin with the finger and thumb of the left hand, he makes a small puncture through the skin and into the gland with a narrow knife. Through this wound he passes a small sharp spoon and scrapes the interior of the gland. The soft cheesy portions readily yield and come away, while the more healthy parts of the gland prove more resistant. If several glands lying close together are enlarged, he operates on them all, or on several through one skin wound, the spoon being pushed into one after another. By this means the disease is cut short, ulterior dangers are avoided, and unsightly scars prevented. Lesser recom-

mends that the operation should be done with strict antiseptic precautions, and that care should be taken not to wound any large vessel, nor to leave behind in the wound any of the cheesy débris.—*London Lancet*.

EXPERIMENTS WITH CATGUT LIGATURES ON ANIMALS.—MM. Gross and Rohmer (*Revue de Chir.*, 1881, p. 961) having made numerous experiments on animals, arrive at the following conclusions: 1. The immediate effect of catgut ligature in the continuity of an artery is the same as that of an ordinary ligature. The outer coat resists the constriction and is reinforced by the new tissue formed under the influence of the irritation produced by the ligature. The vessel is never divided. The fear of secondary hæmorrhage is, therefore, abolished, and the ligature of the arteries in their continuity has become less serious than heretofore. 2. An ordinary double knot only produced temporary obliteration of the artery; the ligature becomes prematurely loose, perhaps, before any clot is formed; or the thrombus, if formed, disappears, the ruptured coats heal, and the calibre of the vessel is restored in eight or nine days. Before the fifteenth day, the obliteration cannot be considered as final. 3. In order to obtain final closure of the vessel, the ligature must be secured by a surgical knot upon which is added a simple knot, as recommended by G. and J. Boeckel, of Strasburg.—*Birmingham Medical Review*.

ABSORPTION OF SEQUESTRA.—M. Vignal has lately made a series of experiments on this subject. He has determined that a sequestrum covered with pus will not be absorbed, whilst one enveloped with granulations will be. A fragment of bone (bone peg) being driven into the tibia of a rabbit was almost entirely absorbed.—*Gaz. des Hôp.*—*St. Louis Med. and Surg. Journal*—*Cincinnati Lancet and Clinic*.

TREATMENT OF ECZEMA WITH ANIMAL CHARCOAL.—Onocool Chunder Chatterjee claims to have found a specific for eczema in freshly-prepared animal charcoal made into an ointment and applied to the affected part. He finds it particularly efficacious in vesicular eczema confined to the extremities.—*Indian Med. Gazette*.

### Midwifery.

#### VIENNA GENERAL HOSPITAL.

(Service of PROF. SPAETH.)

##### VIABILITY OF PREMATURE CHILDREN.

A pair of male twins was recently brought into the lecture-room of Prof. Spaeth, and formed the text of some remarks upon this subject. One of the children presented several malformations, such as hydrocephalus, harelip, cleft palate, club feet, umbilical hernia, etc.

The other was born alive, normally formed, and weighed 900 grammes. If the weight of a fully-developed, new-born child is taken at 3,000 grammes, 1,500 grammes will be the weight of a child at the end of the seventh lunar month. A weight of 900 grammes corresponds to a fœtus in the second half of the sixth lunar month, and, according to the generally received opinion, the child was not viable, since the end of the seventh lunar month is the accepted time of viability.

Prof. Spaeth, however, supported by his rich experience, affirmed that children even in the sixth lunar month could be kept alive, if special care was taken in their treatment. The slight amount of bodily heat which these children produce renders it necessary, in the first place, to guard against the dissipation of that agent. For this purpose, careful wrapping in cotton-wool is excellent.

The delicacy of the digestive organs must be noted, and only such milk selected for nutriment as contains a small amount of casein, the constituent of milk most difficult of digestion. Experience teaches that the longer a nurse suckles, so much richer in casein does her milk become.

It is, therefore, necessary to select for a wet-nurse a young woman who has been very recently delivered. Another requisite is that the wet-nurse must have long nipples; since the child itself is too weak to suck and to swallow, the nipple must extend deep into the mouth, so that the milk runs, so to speak, directly into the stomach.

That it is possible to raise a child so poorly developed, Prof. Spaeth proves by the relation of a case in his own private practice. The child was born in the sixth month. The

parents were wealthy and every detail of the costly experiment was scrupulously carried out. The child, a boy, is now five years old, in perfect health and bodily vigour. Indeed, in this respect, he surpasses his brothers and sisters, who came into the world at the end of the usual period. Moreover, that the mortality among premature children is very great is easily comprehensible when the great mortality of children, generally, during the first year of life, is taken into consideration.—*Medical News.*

### Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

#### CLINICAL EXAMINATIONS.

SIR,—In reading your report of the proceedings of the Medical Council at its last session, I observe that you have published one of the motions as it appeared in the columns of the daily press. I refer to that one in reference to "clinical lectures" at the Toronto General Hospital. If you had substituted the word *examinations* for "lectures" you would have been exactly right.

The Council has no direct power to establish a course of clinical lectures at the Hospital; but by carrying into effect the motion for examinations it will in a very great measure assist the Hospital authorities, and those medical gentlemen engaged in clinical teaching there, to secure a thorough course of clinical lectures.

At the suggestion of some of our most active teachers, and with this object especially in view I was led to bring in the resolution. It is not a matter of disappointment that immediate action was not taken by the Council, for this is a subject requiring more than passing consideration. The members generally were strongly in favour of the scheme and deferred it until next session in order to enquire more closely into the practicability; and the readiness with which the motion was accepted leads me to believe that suggestions from members of the profession as to how these examinations may be held will receive attentive consideration.

Yours truly,

J. H. BURNS.

Toronto, July, 1882.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

DEAR SIR,—Leipsic, a city of about 225,000 inhabitants, is celebrated, as a fellow-traveller expressed it, in these particulars: as a place of business, as a place for the study of science, and on account of its presenting great facilities for the cultivation of art, especially music, the Conservatory being the most renowned in Europe. To the medical world it is of special importance on account of the pathological laboratory. The latter is a large building which affords every facility for making *post-mortem* examinations, and for microscopical work. In the histological room there is an immense amount of material arranged and classified, so that the student can easily find what he requires for section. Cohnheim's microtome is very much used here. It is especially good for cutting fresh specimens, as they can be easily frozen, and beautiful sections made. Medicine is well taught by Professor Wagner, who is now, perhaps, the best clinical lecturer in Germany. He was for years Professor of Pathology, a course which has eminently fitted him for the position he now occupies. One is struck with the very thorough manner in which *post-mortems* are made. They are done according to a certain system, and every organ is thoroughly examined.

I shall, however, leave Leipsic and hurry on to Vienna. The latter city presents many features peculiar to itself as a place for medical study. The vast amount of material afforded by the hospital, and the large staff of teachers, render it an easy matter for a medical practitioner, who has only a few weeks at his disposal, to spend his whole time in the study of one or two subjects. One can, for instance, spend ten hours a day at gross pathology and pathological histology, or at dermatology, or surgery, &c.

In gross pathology I might give a short list of some of the rare specimens presented during the last three weeks. 1. A case of peritonitis produced by collection of hardened feces in the form of nodules in diverticula of the intestine. These, by their presence, excited inflammation and ulceration. 2. A heart with stenosis of both mitral and tricuspid valves. 3. Cholesteatoma at the base of the brain,

which, although of considerable size, did not produce any marked symptoms during life. 4. A dermoid cyst of the ovary, somewhat larger than a child's head, the walls of which had undergone carcinomatous change and ulcerated through into the duodenum. The interior of the cyst was partly filled with matter which had passed out of the intestine, and partly with hair and other epidermic growths. 6. Uterus unicornuus with narrowing of the internal os. 7. A case of suppurative hepatitis, produced by the pressure of an *ascaris lumbricoides* in the common bile duct. The latter had been distended by the passage of gall stones, and the worm had found its way into the liver from the duodenum. The great advantage they have here in teaching pathological anatomy is the way in which they can often group specimens. For instance, they presented on the same day three different forms of ovarian tumours, and on another three different kinds of ulceration of the bowels.

In the medical department, a case of hydronephrosis in a floating kidney was shown and lectured on by Dr. Bamberger. In the skin clinic there were no less than three cases of scleroderma at one time. This is remarkable considering the rarity of the disease. The more one sees of this obscure affection, the more one is convinced that we know little of its true pathology. The cases here presented very remarkable pigmentary changes. A case of multiple sarcoma of the skin, of the fungoid character, was also shown. Primary disease of the skin of this form is very rare, and most of the cases have been of the pigmentary or melanotic kind. Only four or five cases of the fungoid variety have yet been reported. A case of pityriasis rubra has also been under observation, which presented, on the lower extremities, small gangrenous patches.

One of the most interesting features of the Vienna Hospital is Prof. Billroth's clinics. He operates every morning, usually, from two to three hours, and during the time that the patients are being anesthetized gives short lectures on the abundant material always at hand. He has ten assistants, each of whom appears to have his own special duty, so that, although they are always busy, there is no

confusion. Operations of great magnitude seem to be performed with the same coolness as the removal of trifling tumours. Opening the peritoneal cavity is a matter of frequent occurrence. The spray is not used, but the parts to be operated on are first thoroughly washed with a solution of carbolic acid, and the instruments are placed in trays containing the same solution. A modification of the antiseptic dressing is used.

The great event of the past week was the address and torch-light procession given in honour of Billroth. During the past month the latter was offered Langenbeck's position in Berlin, and very great efforts were made by the Berlin University to induce the celebrated Vienna surgeon to return to his native land. Billroth, however, declined, preferring to remain here where his greatest triumphs have been achieved. In recognition of his abilities and high standing as a surgeon, and of the fact of his refusing so tempting an offer as the Berliners had made, the students determined to present an address and give him a torch-light procession. The programme was carried out last Thursday. The address was presented at noon in the aula of the old University, and the torch-light procession took place in the evening. The latter was in every way a most brilliant affair. The streets were lined by tens of thousands of people, and the procession was at least a mile long. It was formed on the opposite side of the city, and marched through to Dr. Billroth's residence. After a serenade by the Students' Choral Society, the Dr. made a short address. While witnessing the procession one naturally wondered if it would ever happen on our side of the Atlantic, that a city of nearly a million inhabitants should be moved to its very centre, as Vienna was, to do honour to a man purely for his scientific work. It is not difficult to get up such an excitement for a politician or a champion oarsman, but I am afraid it will be a long time before so much spontaneous enthusiasm is shown in honour of a physician or surgeon, no matter how great his attainments in those departments.

According to the public press, this was the most brilliant affair of the kind since the time of Rokpitansky.

J. E. G.

## THE CANADIAN Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism,  
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations*

TORONTO, AUGUST, 1882.

### HOSPITAL OUT-PATIENT DEPARTMENTS.

The out-patient departments of general hospitals, their use and abuse, have long formed the theme of interesting and animated discussions, both lay and professional. The unquestionable question of their abuse is not however our present topic, regard being merely had to the best mode of use, and the highest proficiency of our own out-door department. And first with regard to the mode of use. As at present conducted, during the six months of the session of the schools, the schoolmen on the staff are told off to take day about in rotation; and during the other six months in the year, the non-schoolmen discharge the duty in like manner. There is, in our opinion, great room for doubt if the out-door department can be as thoroughly and profitably worked by the in-door staff, as it could be by a separate and less busy body. The fact cannot be gainsaid that the labour of seeing out-patients is both time consuming and arduous, and it is scarcely to be expected that those whose available time is pretty fully occupied with in-door cases, will be likely to manifest that same zeal and attention in out-patient work, which might reasonably be looked for from an active, intelligent, and ambitious assistant staff. We should, therefore, rejoice to see a staff of assistant physicians appointed for out-patient duty. Six might be elected to serve one day a week each, or three appointed to go on duty twice a week. This might readily be accomplished by amalgamation with the Toronto Dispensary, or by a judicious selection from the many accomplished

and highly-qualified younger practitioners in the city. We are aware that objections have been expressed to the multiplication of the number of practitioners already connected with the hospital, but we certainly must confess that we do not understand the objections, and, therefore, cannot sympathize therewith. The whole field,—in-door and out-door,—constitutes a rich mine of information, a wide sphere for charity, utility, and humanity, yielding greater results as worked by the greater number.

• Apart from the consideration of having the work more carefully and, therefore, better done, teachers should be anxious for the full development of the out-patient department, as capable of securing more material for clinical lectures, and of replenishing the wards with instructive cases. Properly conducted, too, it would serve to relieve the wards of many unsuitable cases without entailing an uncharitable neglect of minor, though distressing, ailments, in cases which require supervision and occasional attention, though not constant treatment. Facilities for gynecological out-patient practice are greatly wanting in this city, and this lacuna in our eleemosynary institutions the out-door department of our hospital might properly be made to fill, two days a week at different hours from the ordinary out-patient visits being set apart therefor. The out-patients' department should be a grand school for the practitioners engaged therein, as well as for the students, and both directly and indirectly of immense advantage to the public. It is with the hope that something of importance may yet be accomplished in this direction that we have ventured, at this juncture, to direct attention to the subject.

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**OVARIOTOMISTS, ATTENTION!**—Dr. J. E. Janvrin, of 191 Madison Avenue, New York City, has been selected to prepare the chapter on the History and Statistics of Ovariectomy in the System of Gynecology by American Authors which is to appear at the end of the year. He is desirous that all who wish their cases published should forward to him before the 1st Sept. next answers to a printed list of questions which will be forwarded to any address on application.

### CLINICAL EXAMINATIONS.

We have much pleasure in publishing in this issue a letter from Dr. Burns with reference to his motion in the Medical Council respecting Clinical Examinations. We have often commented on the great importance of practical examinations, and have cheerfully given the Council due credit for the important steps it has taken in improving the character of the examinations year after year. It requires a peculiar aptitude to render a man a good practical examiner, and it was somewhat discouraging to see the Council, at its last session, leave one of the best clinical examiners off the Board, after a term of only two years. An examiner is much better fitted for his work his third year than his first; why should he be dismissed just when his fitness has been thoroughly established, in order to provide a place for a new, untried man who may, as sometimes in times past, prove to be a disastrous failure?

After the appointment of a suitable Board the most important consideration is the adoption of a suitable system, which will enable the examiners to give the candidates an opportunity to show their practical knowledge in the diagnosis and treatment of disease, as well as their practical skill in note-taking, bandaging, surgical dressing, etc. This can only be done by taking the students to the Hospital, or by bringing patients to the Council Hall while the examination is going on, or by both plans. We shall be glad to give space in our columns to any suggestions from medical men who take an interest in this very important subject.

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### NEW REGISTER.

As before announced, a new Medical Register for Ontario is being prepared, and is expected to be in the printers' hands in a short time. All who have changed their place of residence, or who wish to register new degrees, etc., should at once communicate with the registrar, Dr. Pyne, as requested by him in advertisement which appears in this issue.

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The British Medical Association will hold its Jubilee Meeting at Worcester—its birth-place—on the 8th, 9th, 10th, and 11th instant.

### MEETING OF THE CANADA MEDICAL ASSOCIATION.

The members of the Profession in Toronto are taking an unusual interest in the next meeting of the Canada Medical Association, to be held in this city on the 6th, 7th, and 8th of September. The Committee of Arrangements appointed at the Halifax meeting, has made large additions to its numbers, and all are uniting in the effort to extend a cordial and hearty welcome to those who come from a distance.

Dr. Daniel Clark, Superintendent of the Toronto Asylum for Insane, has kindly signified to the Committee his intention of inviting the members of the Association to a luncheon in the Asylum.

It has been decided by the Committee that the reception by members of the Profession in Toronto shall take the form of a *conversazione* to be held in the Normal School buildings, which have been kindly placed at their disposal by the Government. We will give further particulars in our next issue.

From the reports which have reached us from a distance, we have no doubt that there will be a large attendance, and we have strong reasons to hope that the meeting will be in every sense a most interesting one. The General Secretary, Dr. Osler, of Montreal, with the assistance of the local Secretary for Ontario, is making arrangements with the railroad, and steamboat companies for reduced fares. The City Council has kindly promised the use of the Council Chamber for the meeting, and it is intended, if possible, to set aside one room for the reception of interesting specimens, pathological or otherwise, exhibited by the members.

### AN ANNUAL MUSEUM.

It has become a custom much honoured in the observance, in the last few years, to have at all large Medical gatherings facilities afforded for the exhibition of interesting and instructive pathological and physiological specimens, gross and microscopic. Sanitary and surgical appliances may be included. We sincerely trust that all members likely to be present at the Canada Medical Association Meeting next month will spare no effort to make the initiative in this department a grand success. *Ce n'est que le premier pas qui coûte.*

### MEDICAL DEPARTMENT OF THE WESTERN UNIVERSITY.

All arrangements have been completed for the opening of this new Medical School in London, on the first of October next. A Faculty has been organized with Dr. Charles G. Moore, as Dean and Lecturer in Surgery. The other subjects are distributed as follows:—Practice of Medicine, Dr. John M. Fraser; Nervous and Mental Diseases, Dr. Bucke; Materia Medica and Pharmacy, William Saunders, F.R.S.C.; Therapeutics and Toxicology, Dr. J. A. Stevenson; Chemistry, James Bowman; Obstetrics, Dr. C. S. Moore; Physiology, Dr. Eccles; Anatomy, Dr. Waugh; Clinical Medicine, Dr. Arnott; Clinical Surgery, Dr. Niven; Histology and Dermatology, Dr. Moorhouse; Sanitary Science, Dr. Jones; Medical Jurisprudence, Dr. Fenwick; Demonstrator of Anatomy, Dr. Wishart; Secretary, Dr. Stevenson.

### PERSONALS.

Dr. Sheard has returned from Europe.

Drs. Aikins, Covernton, and Graham are still in Europe.

Dr. R. A. Reeve will spend the month of August in the North-West.

Dr A. M. Rosebrugh of Toronto, is spending his holidays in Manitoba and the North-West.

Nothnagel has succeeded the late Prof. Duchek in the Chair of Medicine in Vienna.

Dr. J. E. Graham (Toronto School of Medicine) has been appointed Pathologist to the Toronto General Hospital.

Dr. George Wright and Dr. A. H. Wright, (both of the Toronto School) have been placed on the active staff of the Toronto General Hospital.

Vogt has been called to the Chair of Surgery in Greifswald, as successor to the late Prof. Hueter.

Chiari, of Vienna, has been called to the Chair of Pathological Anatomy at Prague, in succession to Klebs.

Dr. Robert J. B. Howard, of the McGill School, passed the primary examination of the Royal College of Surgeons of England on the 1st ult.

Dr. E. C. Spitzka has been elected Professor of Medical Jurisprudence and State Medicine in the New York Post-graduate School of Medicine. Dr. T. V. Clevenger, Professor of Artistic Anatomy in the Chicago Academy of Fine Arts. Dr. D. W. Cheever, Professor of Surgery in the Harvard Medical School.

**JUNE EXAMINATION.—TORONTO UNIVERSITY.**  
—*Matriculants in Medicine*.—Haultain, C. S.; Johnston, D. R.; Noecker, C. F.; Patterson, C. J.; Reid, J. B.; Farrish, McJ. *Scholarships*.—1. Johnston, D. R., Collingwood Collegiate Institute; 2. Noecker, C. F., Berlin High School.

The death of Dr. Treiber is announced by cable from Athens. He was the physician who attended Byron in his last illness at Missolonghi in April, 1824. By his death Athens loses the last foreign resident who was engaged in the struggle for Greek independence.—*American Medical Weekly*.

### Book Notices.

*The Announcement of the Woman's Medical College of Baltimore.*

*Johns Hopkins University Circulars—Biology, work of the past year, 1881-2.*

*Michigan College of Medicine, Detroit. Announcement for Session 1882-83.*

*The Detroit Medical College. Announcement and Catalogue, 1882-83.*

*Toronto School of Medicine. 40th Annual Announcement, 1882-83.*

*Twenty-Second Annual Announcement of the Bellevue Hospital College, 1882-83.*

*Electricity in Medicine and Surgery.* By J. J. CALDWELL, M.D.

*Thirty-Ninth Annual Report of the Managers of the State Lunatic Asylum, Utica, N.Y., 1881.*

*McGill University, Montreal, 50th Annual Announcement of the Faculty of Medicine. Session 1882-83.*

*Plastic Splints in Surgery.* By SAMUEL N. NELSON, A.B., M.D., Boston. (Reprint from *Annals of Anatomy and Surgery*, April.)

*Genius Resistless. An Ode: A Tribute to Jenner and Pasteur.* By J. J. CALDWELL, M.D., Neurologist, Baltimore, Md.

*Static Electricity as a Therapeutic Agent. A paper read before the New York Academy of Medicine.* By JAMES KNIGHT, M.D.

*University of Bishop's College. Twelfth Annual Announcement of the Faculty of Medicine, Montreal, Session 1882-3.*

*A Contribution to the Subject of Nerve Stretching.* By WM. J. NORTON, M.D., New York. (Reprint from *Journal of Nervous and Mental Diseases*.)

*The Voice in Diagnosis and Prognosis.* By T. WESLEY MILLS, A.M., M.D., L.R.C.P., London. (Reprint from *Canadian Medical and Surgical Journal*.)

*Excerpts from Opinions of Distinguished Medical Men in this and other Countries, justifying the treatment of the late President Garfield.* By D. W. BLISS, M.D.

*Report on Ophthalmology to the Medical Chirurgical Faculty of Maryland, at its 84th Session, April, 1882.* By JULIEN J. CHISHOLM, M.D.

*Combined Intra-uterine and Extra-uterine Twin Pregnancy, with an analysis of twenty-four cases, and full Extracts from the most important cases.* By B. B. BROWNE, M.D., Baltimore, M.D. (Reprint from *Gynecological Transactions*.)

*Double Irrigation and Drainage Tubes. Uterine Dilatation by Elastic Force. The Cure of Hernia by the Antiseptic use of Animal Ligature.* By HENRY O'MARCY, A.M., M.D.,

Boston. (Reprint from *Transactions International Medical Congress* for 1881.)

*Fourteenth Annual Report of the Inebriates' Home, Fort Hamilton, N. Y., for the year 1881. Also a Statistical Report of Six Hundred Cases of Alcoholic Inebriety treated there from Nov. 1, 1879 to Jan. 1, 1881.* By LEWIS D. MASON, M.D., Consulting Physician.

*Eighth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the Fiscal Year, Ending Sept. 30, 1880.*

We are much indebted to the State Board of Michigan, and to its most indefatigable and efficient secretary, Dr. Henry B. Baker, for a copy of this very valuable report, containing as it does many excellent papers and a mass of most interesting and instructive statistical information.

*Second Annual Report of the Astronomer in charge of the Horological and Thermometric Bureaus in the Observatory of Yale College, 1881-2.* By LEONARD WALDO.

We are pleased to learn from this Report that the number of Physicians' Thermometers examined has more than doubled in the past year, and that a considerable improvement in the manufacture of Thermometers has been noted. The amount of breakage for which the department has been found responsible, is about one-tenth of 1 per cent. There can no longer be found any excuse for a physician employing an uncertain or unreliable thermometer.

*A Treatise on the Physiological and Therapeutic Action of the Sulphate of Quinine.* By OTIS F. MANSON, M.D., Prof. of Physiology and Pathology, Medical College, Virginia. Philadelphia: J. B. Lippincott & Co. 1882.

This little brochure, of some 160 pages, contains an entertaining account derived from a variety of sources of the physiological and therapeutic action of the sulphate of quinine. This remedy has grown to be regarded almost as a panacea, and like all medicines of that class is oftentimes employed irrationally, empirically, injudiciously, and injuriously. It is well, therefore, that its extravagant use should be curtailed by a due appraisalment of its virtues

and capabilities. If in the attempt we can learn something of its proper use, and mode, and time of use, so much the better. As an honest contribution to this end we commend the book.

*Minutes of the Proceedings at the Sixth Annual Meeting of the American Gynecological Society.*

This meeting was held in New York, in September 1881, and we are pleased to find the minutes of the proceedings, included with the reading of papers and the discussions thereon, recorded in the present volume. Although much of the subject matter is not new at the present time, having been already published in the Journals, still we are glad to see the continued publication, year after year, of the proceedings of a society which is second to none in the world in this important branch of medicine. We have in this Province very few gynecologists proper, but our general practitioners are taking much more interest in the subject now than formerly, and in their treatment are guided chiefly by the American specialists. We are, therefore, unusually interested in everything done by this society and proportionately pleased to have the opportunity of obtaining these "reports" which are got up in such a way as to be a credit to the publishers, and to the indefatigable and genial secretary, Dr. Chadwick.

*Atlas of Gynecology and Obstetrics.* By Dr. E. MARTIN, Professor of Gynecology at the University of Berlin, and Dr. J. P. MARGRIER, Membre de l'Académie Royale de Médecine, Professeur de Accouchements, containing 475 plain and 35 coloured illustrations. A. E. Wilde & Co., Cincinnati, publishers.

These drawings are from the original designs of the master names in English, French, and German obstetrics and gynecology and pathology. The explanatory text is translated and edited with additions by Wm. A. Rothacker, M.D., Pathologist to the Cincinnati Hospital. The Atlas is designed as a hand-book supplementary to the text books and treatises in general use, and is issued in 15 parts for the moderate sum of \$1 per part. We are just in receipt of Parts VI. to XV. inclusive, and having regard to the way in which the work



has been completed have no reason to modify the high encomiums we passed upon the first four numbers. It would be impossible in our limited space to give an account of the work in detail, but, speaking in a general way, we have no hesitation in saying that it is the best work of its kind we have yet seen. Doubtless, in some instances, there is room for improvement both in the selection of the subject illustrated and the illustration itself; but until something better is produced we must award the palm where the highest excellence is to be found.

*Clinical Lectures on Diseases of the Urinary Organs.* By SIR HENRY THOMPSON. Sixth London edition. Illustrated with 73 wood engravings. London: J. & A. Churchill. Philadelphia: P. Blakiston, Son & Co. Toronto: N. Ure & Co., 5 King Street West.

This well-known text book which has been translated into five languages, and is universally recognised as the best treatise on the subject in six, needs no further commendation than the announcement of a sixth edition. The general superiority and other special merits of this edition may be stated in the author's words: "Among several important additions, the modern operation of Lithotomy at a single sitting, is fully considered and illustrated, and is regarded as superseding the old operation, and to a great extent the operation of Lithotomy. \* \* \* \* I venture to believe that my intention has been more fully realized in this volume than in any of its predecessors. I have also thought it desirable to follow a course which has been recently pursued with manifest advantage to the public, in works of general literature, and have issued this edition, which is more comprehensive and complete than any previous one, at less than a fourth of the former price, so as to bring it within the reach of all students." The modest sum demanded for this volume is 85 cents—a price at which no student or practitioner in however straitened circumstances can afford to be without it. We trust that other wealthy medical writers will not be slow to imitate the good example thus set by the most eminent lithotomist of the age. *Longum iter est per præcepta, breve et efficax per exempla.*

### Meetings of Medical Societies.

#### MEETING OF THE BATHURST AND RIDEAU MEDICAL ASSOCIATION.

The Bathurst and Rideau Medical Association held their annual meeting at Smith's Falls on Wednesday, June 28th, in the Town Hall.

There were present Dr. J. G. Cranston, of Arnprior, President, Drs. Hill, Grant, Sweetland, H. P. Wright, Horsey, H. B. Small, Secretary, and Powell, of Ottawa. Dr. Baird, Pakenham, Drs. Burns and Lynch, Almonte, Dr. Preston, of Carleton Place, Drs. Atcheson and McCollum, of Smith's Falls. Dr. A. Malloch, of Hamilton, who happened to be in Smith's Falls on a visit, also attended the meeting.

The President gave a short and interesting address, alluding feelingly to the deaths of Dr. Blackwood, of Pakenham, and Dr. Weir, of Merrickville. He then gave an account of the late meeting of the Medical Council, and concluded by asking all present to revive the Association which, during the past three years, has gradually been dwindling in size and importance.

The election of officers was then proceeded with and resulted as follows:

Dr. J. G. Cranston, President elect.

Dr. Horsey, of Ottawa, and Dr. Burns, Almonte, Vice-Presidents.

Dr. Hill, Ottawa, Treasurer.

Dr. Small, Ottawa, Secretary.

Drs. Grant, Sweetland, and H. P. Wright, of Ottawa, and Dr. Dickson, Pembroke, Dr. Lynch, Almonte, Dr. McCollum, Smith's Falls, Dr. Baird, Pakenham, were elected as the Council.

The only prepared paper was one by Dr. R. Powell, of Ottawa, entitled "The Significance of Cardiac Murmurs." He dealt chiefly with the pathology, physical signs, and relative importance of murmurs.

A few questions on the paper were put by Drs. Small and Hill, and replied to by Dr. Powell. The usual vote of thanks was moved by Dr. Hill, and seconded by Dr. Grant, and tendered by the Chairman to Dr. Powell.

Dr. Grant then addressed the meeting, advocating a system, too much neglected, of the family physician being allowed to examine his

regular patients thoroughly, at least once in two years, so as to enable him to detect, and if possible, check approaching disease. This process he termed "keel-hauling."

Dr. H. P. Wright then related an interesting case of phantom tumour which occurred recently in his practice. This case will no doubt be submitted to the profession in a more prominent way shortly.

Dr. J. G. Cranston then gave a short account of a case of elongation and hypertrophy of the cervix uteri of remarkable interest, which he has at present under observation. The case is probably unique, and will deserve publication whether operated on or not. We will look for an early report.

The Society then adjourned to meet in Ottawa in January, 1883. Five of the members were requested to prepare papers.

Dr. Atchison then entertained the members at a convenient resort, when the customary "you scratch my back and I'll scratch yours" was gone through, accompanied by happy speeches and felicitous responses. The detention of the C.P.R. train for two hours was in this case a happy accident.

#### MEETING OF THE PROVINCIAL BOARD OF HEALTH.

A Meeting of the Provincial Board of Health was held in the Parliament Buildings, 27th June. Present—Dr. Oldright, in the chair, Drs. Cassidy, Rae, and Hall, and Dr. Bryce, Secretary.

Several communications were read, amongst them being one from Dr. Baker, Michigan Board of Health, as to the time required for the compilation of weekly health reports; one from Mr. Henry Hughes, Sanitary Inspector, Lindsay, as to various nuisances existing in that town, and another from Mr. Milroy, as to an epidemic of low fever and ague in Cobocok.

#### CONSIDERATION OF REPORTS.

Dr. Rae read a report containing certain recommendations to the Government on the subject of inspection of immigrants, which was considered in Committee of the Whole, and adopted with slight amendments.

The Chairman read an exhaustive report on

the sewerage and water supply of this city, particularly referring to the necessity of constructing a covered drain at the Garrison creek, the draining of University creek, and the reconstruction of Sherbourne-street sewer. The report embraces certain recommendations on these and other subjects, so as to strengthen the hands of the City Engineer in carrying out these improvements on sanitary grounds.

#### RESOLUTIONS PASSED.

It was moved by Dr. Cassidy, seconded by Dr. Hall, and carried, "That, whereas, it is the opinion of this board that contagious diseases frequently originate on shipboard solely from impure air, be it, therefore, resolved that it is a matter of great moment for the prevention of such diseases that ships should be constructed with a view to thorough ventilation, that in no case should hatches be closed without means being provided for the circulation of pure air in the meantime, and that the Government should insist on measures to secure such an end."

It was moved by Dr. Rae, seconded by Dr. Cassidy, and carried, "That Dr. Covernton be commissioned to attend the Congress of Hygiene to be held at Geneva from the 4th to 9th September next."

On motion, the Secretary was commissioned to visit Boston, Albany, and New York for the purpose of procuring information on sanitary matters, and as to the introduction of a vaccine farm. The subject of the introduction of the teaching of Hygiene in schools, as recommended by the Ontario Medical Association, was introduced by Dr. Oldright, but action thereon was deferred till a subsequent meeting.

Several other routine matters were considered, and the board adjourned.

INSECTICIDE LOTION.—F. BENVENUTI.—Dried flowers of the larkspur, 3 grammes, water 100. Macerate for 36 hours and strain. The inodorous and highly-coloured liquid thus obtained is employed as a lotion to destroy the pediculi pubis. Vinegar may be substituted for the water. Two lotions have constantly sufficed to destroy the lice and their eggs, without giving rise to either burning or itching.—*L'Union Méd.*

### MEETING OF NOVA SCOTIA MEDICAL SOCIETY.

The Thirteenth Annual Meeting of this Society was held at Kentville, N.S., June 28th and 29th, the Vice-President, Dr. McPherson, of North Sydney, being in the Chair. The meeting was an interesting one and some of the discussions were quite animated.

On the second day the profession of Kings County gave them a luncheon, after a drive to North Mountain. The officers appointed for next year were: President, Dr. W. B. Slayter, of Halifax; 1st Vice-President, Dr. H. B. McPherson, North Sydney; 2nd Vice-President, Dr. H. Shaw, Kentville; Secretary-Treasurer, Dr. J. Somers, Halifax. It was decided to hold the next meeting at Truro on the third Wednesday in June, 1883.

### TORONTO MEDICAL SOCIETY.

May 18th, 1882.—The Society met at 8.20, the President, Dr. Geo. Wright, in the chair. After reading of minutes of last meeting the President delivered his inaugural address, in which he reviewed the history of the Society from its inception four years ago, dwelling on the advantages afforded by such an association, for the discussion of all matters of scientific importance to the profession. He deprecated the diffidence sometimes shown by the members in furnishing papers, and expressed the hope that the current year may be one of gratifying prosperity.

Dr. Reeve then read an exhaustive and practical paper on "Diseases of the Eye," a full report of which has appeared in the JOURNAL.

Dr. Cameron exhibited a case of squamopustular syphilide on the forearm of a washer-woman.

Dr. Oldright related a case of paracentesis thoracis, in which there were alarming symptoms, owing to a too rapid exhaustion of the fluid in the pleural cavity.

After some miscellaneous business the Society adjourned.

June 1st, 1882.—The Society met at 8.25, the President in the chair.

Dr. Sweetnam, Stark, and Riordan, were elected members of the Society.

Dr. McPhedran read a paper on acute peritonitis, treating of the etiology and treatment. —(Vide p. 262.)

Dr. Macdonald exhibited an instrument devised for twisting wire sutures in places difficult of access.

Dr. Oldright presented to the Society the photograph and notes of a pathological specimen, shown at the Ontario Medical Association, June, 1881.

After miscellaneous business, the Society adjourned.

### Miscellaneous.

**SMALLPOX IN BIRDS AND POULTRY.**—The *Pittsburgh Medical Journal* states that Dr. Hewson, of Philadelphia, has traced the source of cases of smallpox to the English sparrow, in whose houses he has invariably found evidences of the disease. Also the Editor of that journal saw, in 1849, smallpox in poultry, covering the head and combs of the fowls, and quotes an extract from the *British Medical Journal*, in which it is stated that variola in India is prevalent amongst the pigeons and poultry.

**THERAPEUTIC MEMORANDA.** — Dr. John Meredith, in the *Birmingham Medical Review*, extols oil of peppermint as an external application in herpes zoster, both for the neuralgic pains often so piteously complained of after the eruption has disappeared, and as an application over the eruption in its fresh florid condition. Dr. Cambillard (*Courrier Médical*) recommends for chorde: an injection 4ter die and repeated just before going to bed, composed of pot. brom. gr. 80; glycerin ʒi ss laudanum ʒi water ʒivss. Dr. Nowatschek reports favourably of the use of atropine either internally or hypodermically (into the perineum) in spermatorrhœa.

**ÆSTHETICS IN CATHARTICS.**—Bunthorne, the "fleshy poet," in the new opera "Patience," gives the following as "a wild, weird, fleshy thing, yet very yearning, very precious. To

understand it, cling passionately to one another and think of faint lilies :—

What time the poet hath hymned  
The writhing maid, lithe limbed,  
Quivering on amaranthine asphodel,  
How can he paint her woes,  
Knowing, as well he knows,  
That all can be set right with calomel ?

When from the poet's plinth  
The amorous colocynth  
Yearns for the aloe, faint with rapturous thrills,  
How can he hymn their throes,  
Knowing, as well he knows,  
That they are only uncompound pills ?

It is, and can it be  
Nature hath this decree,  
"Nothing poetic in the world shall dwell ?"  
Or that in all her works  
Something poetic lurks,  
Even in colocynth and calomel ?  
I cannot tell.

—Michigan Medical News.

DR. HOLMES ON HOMŒOPATHY. — In a late address, Dr. Holmes gives the following estimate of homœopathy, the careful study of which we commend to the supporters of the New York Code: "Homœopathy has no *status* among the biological sciences, and has nothing of any practical value, so far as I know, to offer the medical profession. It began by promising to prevent scarlet fever, which it miserably fails to do, and from that day to this it has been a romance of idle promises slipping through the fingers like quicksilver, evaporating without residue like ether from the palm of the hand. If any one of these promises had been fulfilled, if any single remedy brought forward by homœopathy had proved trustworthy and efficacious, it would have been thankfully accepted by the medical profession, which welcomes every method of help unless it shows itself with false pretences, and even then will appropriate any fraction of truth which underlies the deception or delusion. . .

"So far as I can take account of the stock, the present assets of homœopathy consists of a pleasing and sonorous designation, a nomenclature of symptoms, with sets of little phials, containing globules, which are the prettiest and most fascinating of amulets, arranged to correspond with the nomenclature, a collection of

"provings" which prove more about the prover than about the questions to be proved, and a doctrine which slips on and off like a kid glove, according to the company in which the practitioner finds himself."—*Medical News*.

### THE MAN SNAKE.

In the village of Cuantla, Mexico, says a recent number of *La Independencia America*, belonging to the Canton of Antlan, lives an individual whose scaly skin is in every way like that of the rattlesnake, even to the greenish colour; possessing, besides, the property of changing his skin every autumn; such phenomenon being accomplished all at once, and not by parts, so that the entire body is left like what is vulgarly called *Tuwon*, (a smooth leather bag, flesh side out), and not even a single hair is left. A sister of this individual, who died a short time ago, manifested the same phenomena and became gradually blind, for the new skin went on covering the eye-lids together in a circular form, until the eyes themselves were covered. The same thing is happening to the man who is living, who has already some small circles, that only permit him with difficulty to see and distinguish surrounding objects. Thus he presents the repugnant figure of the head of a rattlesnake. In Cuantla, these unfortunate people are known by the name of "the rattlesnake man and woman," and their appearance is attributed to the fact that their mother had eaten too much rattlesnake to cure herself of a disease of the blood. [Rupia, most likely, *Translator*.] Whatever the phenomenon may be, it is worthy of study. Would that the man could be induced to come to this capital (the city of Mexico), in order that his disease might be studied by the members of the profession!

A. A. R.

### Births, Marriages, and Deaths.

#### MARRIED.

At "Hillside," Brantford Township, at the residence of the bride's father, by Rev. S. Sellery, B.D., on the 29th of May, J. Willmot, M.D., of Charlotte, Mich., to Martha V., third daughter of N. Lee, Esq.

#### DEATH.

At Simcoe, on the 28th July, John Salmon, M.D., aged 52 years.

# THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

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## Original Communications.

### THE CAUSES AND CONSEQUENCES OF DEFECTIVE VISION DURING SCHOOL LIFE.

BY L. L. PALMER, M.D., TORONTO.

(Read before the Ontario Medical Association,  
June, 1882.)

It was not my intention to take up the time of this Association this year with a paper, until about a week ago, our worthy President suggested to me that I write up the subject of hygiene of schools, which in its importance so commended itself to my judgment, that I have undertaken to consider at least one phase of the question which may form a nucleus for further thought—a phase by no means the least important of all the conditions that affect early life—viz., The Causes and Consequences of Defective Vision during School Life.

It is now admitted by all who study Ophthalmology, that the pressing danger of the eye during early life is myopia, or shortsightedness, the organic cause of which is too great a depth of the crystal, which causes the sharp image of an object to form in front of the retina instead of upon it. It is commonly observed by teachers and parents that school work is often associated with, and even hindered by, impaired vision, but that it is an evil much to be guarded against and a danger, in many instances, truly alarming has not appeared to them.

If an ounce of prevention is worth a pound of cure, and this more valuable prevention in the light of present science and research is more easily possible; if the children of to-day are the men and women of twenty years hence,

then it becomes us to turn our scientific labour and much thought to the well-being of children, and see that their physical, as well as their mental health, be properly guarded against dangers generally unobserved. Delicate as is the eye, it will when emmetropic, and in a state of health, bear any amount of use, but when it has lost its balance, or its normal proportions, its work is done with effort and but imperfectly, and it rarely can be brought back to its original perfection of action, but is prone to lapse into still greater disability of function, or even into actual disease.

It is found from the collected statistics of well-known scientists, such as Enissman, of St. Petersburg; Conrad, of Königsberg; Loring and Darby, of New York; and Cohn and Just, of Germany, and others, that myopia is congenital only in a small proportion of cases, that most children, up to 5 or 6 years of age, have normal vision, and from this age up to 15, or according to Donders, 20 years, is the period of development of myopia; that few are myopic before this period, and fewer still if any become so after; and this is the age when children are pressed into school and are forced to endure all the pains and penalties of the cramming system, in these days too common, which aim at intellectual development at the cost of impaired vision, and sometimes almost of complete loss of sight, if indeed it does not defeat itself in gaining the end it seeks.

While these years from six to twenty—the school life of children—is the period when myopia becomes developed, it is also established by careful and extensive statistics from the examination of over 20,000 school children, that the defect increased numerically as the pupil

advanced through the different grades of the schools. Cohn, of Breslau, found 6.7 per cent. of myopia in the elementary, 10.3 in the intermediate, 19.7 in the high schools, and 26.2 in the gymnasia.

Other authorities quoted above have made similar investigations with like results; and among the causes assigned for this uniform development of it are imperfect light, impure air, bad construction and arrangement of desks and seats, badly printed books; all these conditions are found acting, not alone, in the school-room, but at home, when the child returns with a task to perform, which taxes the eyes to a late hour, or after the preparation for the next day is completed. How often do we find the young person engaged with a thrilling story, or a fascinating romance, willing to sit in any remote corner of the room, and strain over a badly-printed and badly-illuminated page. Conditions unfavourable to the strongest eyes, but most damaging to one pre-disposed by heredity, or otherwise, to myopia. In addition to the above facts it is found that it is more especially proper to cultivated nations, while an uneducated people and barbarous tribes, are almost entirely free. The Germans are said to show a greater number of myopias than any other country. So much is this the case that any passing traveller through the states of Europe, must observe that spectacles form a notable feature in the German physiognomy. This points at once to their high intellectual status, to their indefatigable labour in intellectual pursuits, and the bad hygiene of their schools and school system, conditions existing in unchecked operation through all their history. There is a general agreement among authorities that a great development, or increase, of it takes place during school life, and the result is largely due to preventable causes. Brudenell Carter says: "There is no longer any room for doubt, that badly-lighted and badly-fitted schools form a great machinery for the development of myopia.

And it is possible that this machinery where, as in Germany, it has for a long time been in unchecked operation, may have an important influence upon the form of the eyeball, which

will be inherited by large numbers of the population."

Other authorities make similar statements. Ribot urges that, "since constant study creates myopia and heredity most frequently perpetuates, the number of shortsighted persons must necessarily increase in a nation devoted to intellectual pursuits;" and Dr. Loring goes still further, by saying, that "if by a nation devoted to intellectual pursuits, we mean that compulsory education shall be carried out in the full extent of its original meaning, and applied to every child that is born, be it male or female;" and if Germany is going to be taken as the type, and every other nation desirous of intellectual progress be compelled to follow her lead as an example, then I am of the opinion that not only the educated classes, as the term is commonly understood at present, but that the world at large will, in time, become near-sighted." If such views, original and startling as they appear, are near the truth, it becomes a matter of national importance to see wherein the school and its hygienic and architectural conditions act as a cause of near-sight, and discovering the cause, if possible, to remove it.

It is not my intention to construct a model school room, much less a model home, this can be better done elsewhere. But I may be permitted to mention in brief a few of the conditions causing myopia that are common to both school and home life of the young.

(a) A bad light is one of the most certain causes, situated as it too often is in front of the pupil or at his side, shining with a glare on a level with the eye, producing great irritation which is the precursor of a progressive myopia.

(b) Anything favorable to congestion of the head, as a bad position of the body, which is too often a necessity from badly constructed desks and seats, or which is, perhaps, a matter of choice when the pupil of studious habits gets in the corner at home, and with book in the lap and bent trunk he pores over it till a late hour.

Under this head might be included heat of room, wet feet, cold floor, indigestion, excessive length or intensity of study without interruption.

(c) Excessive tension of the eyes for near objects, as when book is brought too near the eye for hours daily throughout an educational career.

(d) "Peculiarities of food, indifference to ventilation, disregard of other hygienic requirements, want of outdoor exercise, and a peculiar tendency toward a sedentary life, all of which are provocative of a certain *laxity of tissue* and want of resistance in the investing membranes which finds its expression in the eye, in a distension which is in fact myopia." (Loring.) We need not go far to show that all these conditions are largely present during school life, and it has been abundantly shown that the rapidity of development of myopia is in proportion to their presence and to the early age at which children are pressed, either by authority or natural inclination with studious habits, regardless of their optical condition.

Alarming as the facts appear to the ophthalmic surgeon, and important as is the eye in its intellectual, apprehensive, and discriminating powers, yet there is no organ in the body guarded with so little care, and strange to say, its greatest weakness is popularly counted its strength. We often see myopes comfort themselves by saying that short-sighted eyes are strong, or *healthy* eyes; on the contrary a short-sighted eye is a *sick* eye, a *diseased* eye, and is very likely, from the habits it engenders, to make a sickly body; quite as much a diseased condition is it as an hypertrophied heart and as little able to perform its functions, and we watch a case of myopia with as much interest and anxiety as you do first an hypertrophied and then a dilated heart subsequent to repeated attacks of asthma. It affects the physical, mental, and moral development of the child. The ordinary sports or plays of the campus are quite too much for him. The cricket, the base-ball, or the lacrosse have requirements beyond his range of vision, and in these he is unable to compete successfully with his fellows, so with a sense of incapacity he retires from the field where the mind gets its recreation and the body its health and seeks his pleasure and his recreation in his books. This, though at first a pastime, soon becomes a passion and he be-

comes a book-worm, engorged with much that an age of rapid printing can supply without taking time to reflect or digest what he has received. He, therefore, suffers a kind of mental dyspepsia which is, to say the least, no evidence of mental strength—a condition as foreign as possible to a true educational process which is the application of thought or the development of the processes of reason.

A fond parent encourages these so-called studious habits which become more a habit than a desire for the acquisition of knowledge, and entertain a strong hope that the future will realize brilliant literary accomplishments; but the defect of sight is operative at all times; he becomes retiring, diffident, hesitating, and cautious. His means of acquiring knowledge, through outward objects have been limited to a very narrow field, his own small field of vision. He can see all the beauty of a rose or a violet, but a beautiful landscape or the autumn tints of the forest are all a blur to him, and he knows nothing of the inspiration that comes therefrom. He can see and deal with the minutest mechanism of a watch and delight in it, but finds no pleasure in architecture; he becomes a man of details and intricacies at the expense of unity and comprehensiveness. He also judges men by their intentions at quite a disadvantage and forms wrong opinions of character. Our English language—all language—is so constructed as to be susceptible of ten times of opposite meanings by a few changes in the lines of countenance. Hence, across the table, or in a room he loses the ever-varying shades of expression that come most directly from the heart, and trusts to the ear by which he is often misguided.

Now, all this must have its effect upon the general disposition, upon the character, and the health, and though it may not affect to such an extent every degree of myope yet the majority, I am satisfied, of those who remain uncorrected, suffer more or less of these disabilities.

There are other optical defects such as hypermetropia and astigmatism which affect the individual's comfort, his health, mental attainments, and character quite as much, and on these it might be of interest to dwell as they

affect the manhood in an entirely different way, but I will not prolong my paper. Enough has been said to show the gravity of abnormal vision. The attention it should command from both teachers and parents and the importance of submitting every child to a careful examination of his optical condition before urging him into a long educational career; not only to see whether he is capable of pursuing such a course without danger, but to see that he is supplied with properly-fitting spectacles which, happily for either the myopic, the hyper-metropic, or the astigmatic may now be so given as to reduce the eye by their help to the condition of a far-seeing eye, and thus permit the individual to cultivate the same tastes and pursue the same occupations as if the eye was naturally a normal eye.

And finally, Mr. President, as you and your confreres are taking such an interest in your duties on the Board of Health for Ontario, and your labours which will be of inestimable value for the public weal, are to be expended largely in discovering and applying the valuable ounces of prevention, I may be permitted to entertain the hope that the question that I have but briefly brought before you may not be deemed unworthy your consideration, and that the hygiene of our schools, which is at the very foundation of future society, may receive that attention which it so much demands, and which our science is so eminently calculated to bestow.

#### BI-MONTHLY NOTES ON THERAPEUTICS AND PHARMACOLOGY.

BY R. L. MACDONELL, B.A., M.D., M.R.C.S., ENG.

(Assistant Demonstrator of Anatomy, McGill University, Montreal, Physician to Montreal Dispensary.)

There is no doubt but that the British Pharmacopœia requires revision. Of the remedies composing it, at least two out of three may safely be dropped. The principal change must be the alteration of the doses. Few of us prescribe the quantities therein directed. Most writers too, on therapeutics limit the practitioner to doses wholly insufficient to influence the disease. This is especially true of chorea, of syphilis of the tertiary kind, and of certain neuralgias. A great deal of the success of

specialists is due to the careful administration of maximum doses of remedies known to be of benefit in the disease under treatment. An instructive essay on this subject was read by Dr. Seguin before the Medical Society of the State of New York, Feb. 7th, 1882. Teachers of materia medica and therapeutics are prone to teach dosage on the "*in medio tutissimū ibis*" principle, with an eye to the safe training of students. The druggists too, exert a baneful influence by supplying the practitioner with ready-made compounds, pills and elixirs, so that many, instead of adapting the mixture to the patient, reverse the process, and adapt the patient to the mixture. In first prescribing a potent remedy, take into consideration, age, sex, size, and general condition of the patient. More especially note the condition of the circulatory organs. Begin with "book doses." Feel your way "fearlessly because watchfully." Amongst the remedies Dr. Seguin mentions are the following: *Extractum conii fructus fluidum*, Wood (Therapeutics, 1880, p. 371) puts the dose at ℥i., ℥ii.; Bartholow. (Materia Medica, 1880, p. 409), dose ℥ii., ℥v., ℥xl. Dr. John Harley (The Old Vegetable Neurotics, London, 1867) gave larger doses, using the Succus Conii. He obtained definite physiological and therapeutical results in doses of two drachms to one ounce. In this way he obtained the paresis of the third nerve, arms, and legs, which is the characteristic result of conium action upon the spinal cord. Dr. Seguin uses conium in spasm of paralyzed limbs, in general irritability, and in insomnia.

When the indication is present as in chorea, to obtain muscular relaxation, after a few tentative doses of 20 and 40 minims, he gives at one dose 60, 80, or even 100 minims. These doses cause ptosis and sometimes diplopia and paresis of the arms and legs. He does not repeat the dose until all the effects have passed off—in from 12 to 24 hours. A case of adult chorea of 14 years' standing is cited, which was almost perfectly cured by a teaspoonful of Squibbs' extract of conium given daily for a month or more. Cases of insomnia with wakefulness in the first part of the night, more especially those with fidgets or physical restlessness, are very much benefitted by conium.



Dr. Seguin usually gives 20 minims with 20 grains of bromide of sodium in camphor water, at bedtime, to be repeated if necessary. In some cases (male adults) he gives 50 or 60 minims at one dose in the mixture, not to be repeated. Such a draught has been often returned to him by druggists, because they thought the dose enormous. "To be successful we must be bold, as bold as physiological knowledge can make us, and yet as cautious in the first giving of powerful drugs to a patient as if we had no courage at all."

**IODOFORM AS A WOUND DRESSING.**—There are many advantages in the use of this powder. The necessary dressings can be carried about, can be applied with little trouble, and left *in situ* a considerable period. It is undoubtedly the best dressing for the country surgeon, and for this last reason I think it wise to devote some space to its consideration.

In whatever way applied, in powder or solution it acts as a local disinfectant, and promotes a healthy action in the healing of wounds.

Its use has been overdone, of course. There is a class of surgeons who overdo everything. Charges of producing serious symptoms are brought against it. But are its toxic effects as often seen as those of carbolic acid? Three surgeons, in the German medical journals, have set forth their experiences. Schede of Hamburg (*Deutsche Med. Zeit.*, Feb. 2, 1882) has seen bad effects. Severe attacks of poisoning set in, in those who, by idiosyncrasy are subject to its noxious effects. Death, without any warning, may occur, even though the administration be immediately suspended. The symptoms produced are mainly as follows: Pyrexia (104 F.); depression of spirits, headache, anorexia, rapid small compressible pulse. Stopping the drug gives relief to these symptoms. A worse stage exists, in which the pulse rises to 150 or 180 or more with high fever, and in this condition the suspension of administration is not followed by reaction, and death follows. Schede also mentions certain forms of cerebral disturbance which either take the form of acute meningitis or of a psychological disease (melancholia, etc.) and lead to a fatal termination. No mention is made, however, of the quantity of iodoform used, or

the size of the wounds to which it was applied. Singularly enough, no *post mortem* records are given.

Küster (*Berliner Klin Wochenschrift*, No. 14, 1882) describes somewhat similar results from its overdoses. He has obtained astonishing successes with iodoform in checking decomposition, and in the treatment of tubercular diseases, against which carbolic acid was powerless, and he is of the decided opinion that resections are now much more successful in his clinic than formerly.

Mundy, of Vienna, in the same periodical, looks upon iodoform as the best form of dressing for the battle field. It requires no water to make solutions, nor clean vessels, and can be immediately applied in the first and second lines, where vessels and water are scarce and there is no time for circumstantial dressing.

Iodoform is applied in far too great a quantity to large surfaces (80 to 300 grammes at once!) On minutely examining the fatal cases of Mikulicz, Schede, König, Hœftman, and Czerny, it was found that the *post mortem* records were not satisfactory and that many of the victims were anæmic, either very young or very old, subjects of old standing suppuration, or of organic disease. A small quantity of the powder should be dusted into the wound, and it should be removed only when absolutely necessary. Iodoform is a drug to be very carefully handled, taking into consideration that it contains 96 per cent. of nascent iodine.

**PARSLEY AS AN ANTILACTIC.**—Dr. Stanislas Martin states that as an external application, parsley acts most efficaciously in dispersing the milk, and that the Roman nations used it for this purpose. The breasts should be covered with freshly-plucked leaves, and these should be renewed several times a day as fast as they begin to fade. Dr. Dujardin-Beaumetz confirms Dr. Martin's statement, and adds that in Asia Minor a cataplasm of parsley is used by the women as an ordinary domestic remedy, (*Bulletin de Thérapie*). Parsley is mentioned by Quincy in his "Compleat English Dispensatory, London, 1749," as being used by the common people "in cataplasms, to discuss and resolve, which by its penetrating nitrous salt it is frequently successful in doing."

Nicolas Culpepper in his "London Dispensatory," 1655, describes parsley as a useful poultice for swollen eyes, "doth much help them, if it be used with bread or meal; and being fried with butter and applied to women's breasts that are hard through the curdling of their milk, it abateth the hardness quickly, and also it taketh away black and blue marks coming of bruises or falls."

*Phosphorus and Phosphide of Zinc.*—The author uses the solution of phosphorus of Dr. Thompson, of which the following is the latest formula: R. Phosphorus, one grain; Absolute Alcohol, five drachms (dissolve with heat); Glycerine, twelve drachms; Alcohol, two drachms; Essence of peppermint, two scruples. Mix the two solutions, which make nearly twenty drachms—3j = 1-20 gr. This should be given without water.

Dr. Seguin has used this solution with the greatest success in trigeminal neuralgia, and with some success in other neuralgias. He administers one teaspoonful (about 1-18 gr., if we estimate a teaspoonful to be a little over one drachm) every '3 or 4 hours. He has known a case of severe facial neuralgia (not chronic epileptiform neuralgia) cured in two days, and even in 24 hours. This solution of phosphorus has given satisfaction in conditions of nervous prostration, cerebral anæmia, incipient cortical degeneration (dementia), and in melancholia. It should be combined with cod liver oil in the proportions of 1:6 or 1:4, a tablespoonful of the mixture being given after each meal. Or, the following mixture may be extemporaneously compounded, and given two or three times a day: Thompson's solution, 1 teaspoonful; sherry, 2 tablespoonfuls; cod liver oil, from 1 to 2 tablespoonfuls; and the yolk of one egg, thoroughly beaten and mixed, with the addition of a little oil of peppermint. This is well received by most patients, and constitutes a most valuable tonic.

In the treatment of posterior spinal sclerosis, cerebral anæmia, nervous prostration ("neurasthenia"), and of incipient dementia, the phosphide of zinc in doses of  $\frac{1}{4}$  to  $\frac{1}{2}$  gr., combined with nux vomica or with belladonna, according to indication, has seemed of some efficacy.

*Crystallized Nitrate of Silver.*—Dr. Seguin

has used nitrate of silver in locomotor ataxy, and is disposed to agree with Erb that "among the internal remedies for tabes, nitrate of silver undoubtedly stands first, as it can show quite undoubted results." The course of the disease has been checked "in quite a number" of his cases, and in many others repeated periods of relief were secured. It is seldom prescribed in doses of less than  $\frac{1}{4}$  grain, and usually  $\frac{1}{2}$  gr. in pill with extract of taraxacum or with extract of nux vomica. It should be given before meals three times a day, and often at bedtime. A course of silver usually lasts two months. After an interval of two or three months, another shorter course is given. None of his patients have shown any skin discolorations, and gastric irritation has seldom occurred, albuminuria never. This paper would be of far greater benefit to the general practitioner had the author been more precise in the statement of his results. It will be observed that in all these no figures are used. It would be more satisfactory to know the number of cases, for instance, in which the large doses of phosphorus were found to arrest trigeminal neuralgia, and how many times it was given without satisfactory result. In how many cases of tabes dorsalis was the silver treatment of benefit? The account given is vague.

#### —◆◆◆— VENESECTON — FOR CONVULSIONS OCCURRING DURING SCARLATINAL DROPSY.

BY R. A. ALEXANDER, M.D., GRIMSBY.

Read before Ontario Medical Association, June, 1882.

On the 21st September, 1879, C. P.—, a boy eight years old, was attacked by scarlet fever which ran a severe course, and was followed in the first week of January, 1880, by general dropsy. Hydragogue purgatives, vapor and hot air baths were used. Urine diminished to one or two ounces in twenty-four hours. Had twitching in arms and legs. Leeches over kidneys, with subsequent application of cupping glasses, followed by warm poultices, did not relieve symptoms. Bled from arm to amount of four to six ounces. Rapid recovery from symptoms of convulsions and urine

secreted freely. A certain amount of ascites and albuminous urine continued for six months. He at the present date enjoys very good health.

II. A girl, twelve years of age, had a moderately severe attack of scarlet fever in December last. Two weeks after disappearance of rash, face and body began to swell. Urine scanty and smoky. Prescribed infus. digitalis. At end of four days patient much worse. Violent headache and unable to retain either food or medicine. Was given vapor baths and purgatives. Had a violent convulsion lasting half an hour, at the end of which she remained quite unconscious. In less than an hour another convulsion came on, and when I first saw her had lasted for an hour. Her face was livid, pupils contracted to a small point, frothing at mouth. Bled her from the arm to amount of eight ounces. The convulsion passed off. Was able to swallow a dose of chloral and potassium bromide. Slept four hours. Awoke quite sensible. Made a rapid recovery.

### TRACHELORRHAPHY.

BY T. K. HOLMES, M.D., CHATHAM.

(Read before Ontario Medical Association, June, 1882.)

Emmet's operation for the cure of laceration of the cervix uteri is on its trial before the medical profession at present, and it is desirable that its utility be correctly estimated.

In the hope of eliciting a discussion of the subject I present this paper, and by omitting as far as possible all points discussed in gynecological works and which are either familiar to or within reach of every one, I hope to limit it to a very few pages. In my experience laceration is found in forty per cent. of all uterine affections and is seldom uncomplicated, usually co-existing with areolar hyperplasia, subinvolution, endocervicitis or some form of displacement.

The predisposing causes are :—

- 1st. Rigidity of cervix.
- 2nd. An unhealthy state of cervical tissue.
- 3rd. Abnormal presentations.

4th. Disproportionate size of fetal head.

The proximate causes are :—

- 1st. Violence of uterine contractions.
- 2nd. Maternal efforts at expulsion when the head is about to escape from the os.
- 3rd. Artificial delivery unskillfully performed. The operation of the first-named exciting cause is often due to the injudicious administration of oxytocics, more particularly ergot. There are doubtless other causes but these are the chief ones. Lacerations may be divided into those that heal spontaneously and those that do not, and the latter into those that can be cured by topical applications and those that can only be cured by trachelorrhaphy.

Slight lacerations of recent origin get well quickly under the use of the hot douche, medicated tampons, local depletion, and stimulating applications of iodine, carbolic acid, &c. Nitrate of silver, if used at all, must be applied with the utmost caution as it is otherwise sure to produce contraction which may result in stenosis.

The gravity of the symptoms does not bear a direct relation to the extent of the laceration, but depends upon the condition of the whole organ, and of the pathological state of the torn parts.

Subinvolution, metritis, follicular enlargement, and displacements augmenting the suffering while without any of these the sensitive state of the torn cervix is alone sufficient to greatly impair the health and render medical treatment useless. Having had his attention directed to the uterus as the organ diseased in a given case, and having on examination found a laceration, how is the physician to determine as to the advisability or necessity of an operation? This is an important question and requires considerable experience to answer it correctly. If the cervical tissue is soft and the laceration small with little or no eversion of the lips, and there is reason to believe the injury to be of recent origin, the case is one offering a good prospect of perfect cure by topical applications. On the other hand, if the laceration be extensive, the eversion marked or the tissue hard and of a cicatricial character an operation is imperative, be-

cause even if we succeed in accomplishing a healing of the raw granular-looking surface by other means, the eversion will not be cured and the hard, whitish cicatricial cervix will remain and give rise to symptoms of malnutrition and nervous disturbance almost or quite as serious as obtained before. Laceration generally permits eversion of the lips, and when it does an accurate idea of its extent may be obtained by hooking a tenaculum into each of the everted lips, and drawing them together. When this is done the raw surface diminishes as the inversion is accomplished until it nearly or wholly disappears. Sometimes little or no eversion exists until upward pressure on the vaginal walls at the cervical attachment pulls the torn lips apart and discloses the characteristic raw surface. This can be accomplished by using a large Ferguson's speculum and pushing it well up so as to make the desired upward pressure on the vaginal walls. The same may be done by using a Sim's speculum.

The various kinds of laceration are so fully described in works on the subject as to obviate the necessity of speaking of that part of the subject here.

Immediate operation, or that at the time of the injury I have not performed. Dr. Mundé, editor of the *American Journal of Obstetrics*, strongly recommends it, and judging from his results it is worthy of consideration and if union be secured would doubtless lessen the chances of septicæmia, just as immediate closure of lacerated perineum does. If not sewed up immediately it is necessary for involution to be completed before operating. Pelvic cellulitis, or indeed acute inflammation of any of the pelvic organs, contra-indicates an operation and should be overcome before attempting one. In all cases operated on by me I have resorted to a preparatory treatment consisting of the hot douche, tampons saturated with glycerine and tannin, local depletion, and in cases complicated with displacement daily repositions by postural method, aided by gentle pressure per vaginam and maintained by small medicated dossils of cotton batting. The use of the hot douche immediately before operating renders hæmorrhage less troublesome. I have

found the following the most convenient and satisfactory method of operating. The patient properly etherized is placed on a table of convenient height in the lithotomy position and before a clear but not dazzling light. One assistant administers ether while two others support the knees and feet keeping the thighs well flexed. One of these assistants also holds a Sim's speculum under the pubic arch, while the other, if necessary, uses the sponge.

The instruments required are a small vulsellum forceps, a long bistoury, scissors curved on the flat, sponge holders, needle forceps, wire twisting forceps, shield for limiting the twisting of the wires, two Emmet's needles threaded with silk and half-a-dozen No. 28 best silver sutures, sixteen inches long.

Having with the left hand seized the posterior lip of the cervix with the vulsellum forceps so as to have the upper jaw occupy the part that is to form the restored cervical canal the operator steadies the uterus and with a long bistoury divides the tissue on each side of the upper jaw of the forceps, first on the posterior lip then on corresponding parts of the anterior lip leaving a strip nearly half an inch wide in the centre where the forceps hold untouched and which are being brought into apposition from the continuation of the cervical canal. The removal of the tissue can be performed with great facility with the bistoury and in much less time than can be done with scissors, besides the internal boundary of the denuded surface can be more easily and accurately made with the knife. Care must be taken to remove all cicatricial tissue.

After bleeding has been stopped the wires are to be passed in the manner described by Emmet; the wires twisted and sheathed in a piece of rubber drainage tubing. Absolute rest in bed is necessary in some but not in all cases, the condition of the patient being the criterion. Union is often perfect in seven days, but as no harm results from the presence of the silver sutures they may be left in ten or twelve days if union be not complete before that time.

The following table gives a short statement of nine cases upon which I have operated.

No. of Case.	Name.	Age.	No. of Labors.	Duration of Laceration.	Form of Laceration.	COMPLICATIONS.	LEADING SYMPTOMS.	Date of Operation.	RESULTS.
I.	Mrs. R. J.	25	2 One Abortion.	4 years.	Stallate.	Areolar Hyperplasia.	Anemia. Dyspepsia. Great Debility. Leucorrhœa.	January 27, 1880.	Good health.
II.	Mrs. I. T.	34	5 Two Abortions.	6 years.	Transverse.	None.	Menorrhagia. Excessive Anemia.	January 28, 1880.	Steadily improved, and became pregnant in six months after operation. Was delivered at full term, and is now perfectly well.
III.	Mrs. A. K.	26	1	2 years.	Stallate. 3 Fissures.	None.	Debility. Leucorrhœa.	February 16, 1880.	Has remained well to date.
IV.	Mrs. M. R.	34	4 Three Abortions.	5 years.	Lateral.	Retroflexion.	Constipation. Inability to walk or work. Pain in lumbar region.	February 17, 1880.	Became pregnant, and was delivered without injury to cervix. Wears a retroversion pessary, and is much better.
V.	Mrs. J. S.	31	4 One Abortion.	4 years.	Lateral.	None.	Menorrhagia Anemia. Pain in lumbar region. Inability to walk far or do any work.	June 29, 1880.	Has recently been confined. Don't know results.
VI.	Mrs. J. F.	38	3	3 years.	Stallate.	Subinvolution. Prolapsus uteri. Cystocèle. Lacerated Perineum.	Anemia. Difficulty in walking. Debility.	Nov. 25, 1880.	Able to perform domestic duties pretty well. Not perfect recovery, but greatly improved.
VII.	Mrs. J. K.	33	4	5 years.	Lateral.	Retroversion.	Inability to work or walk. Hysteria.	Dec. 15, 1881.	Is wearing a retroversion pessary. Not improving very fast. Is very hysterical.
VIII.	Mrs. J. A.	35	2	1½ years.	Lateral.	Retroflexion.	Inability to walk or stand longer than ten minutes. Anemia. Dyspepsia. Debility.	May 1, 1882.	Two weeks after operation walked two miles without fatigue. Is greatly improved.
IX.	Miss B. S.	25	2	3 years.	Lateral.	None.	Great weakness and peculiar bronzed skin.	May 22, 1882.	Union perfect. Too soon to judge of permanent results.

## HEART DISEASE IN CONNECTION WITH ACUTE RHEUMATISM.

BY J. FERGUSON, B.A., M.D., L.R.C.P., ASSISTANT  
DEMONSTRATOR OF ANATOMY, TORONTO  
SCHOOL OF MEDICINE.

Many physicians must have noticed the heart complications occurring during an attack of acute rheumatism, or following it at some considerable time. From careful examination into the facts of such cases, it appears that this additional and serious factor occurs most frequently in the young, and of these in girls oftener than in boys. It has, I fear, been too generally held as an axiom in medicine, that these cases are incurable, and that the patient must progress from bad to worse, till he perishes of a hopelessly disorganized heart, or succumbs to some intercurrent affection that the debilitated system and deranged circulation render him amenable to. It is with the view of trying to combat this opinion, this article is written.

The heart is a powerful muscular, dilatation in the vascular system, with contracting power to force the blood in any direction it is free to flow. In the state of health, the valves prevent the flow backwards; and so the stream must go in one continuous current onwards. This state of things may be changed in various ways. Some of these are not curable, though they may admit of a certain degree of amelioration. While the form of derangement I am going to discuss, does appear both from theoretical and practical grounds, to be of the class that admits of successful treatment.

The openings in the heart are surrounded by fibrous rings, and to these rings are attached the efferent and efferent vessels, the valves and the muscular structure of the organ. The valves sit upon, and are supported by projecting shelves of this fibrous tissue, rather than growing out of, and being mere re-duplications of the lining membrane. The valves in addition to hanging from the surface, are supported upon a base, and it is this base that gives them a great deal of their power in resisting the backward flow of the blood.

The same form of swelling found in the fibrous tissue of the joints, may occur in these fibrous rings in the heart. At this stage, there

is simply swelling in the tissue, but no organic change; and just as the swelling in the joints may disappear, so may the swelling in the fibrous structure of the heart. In order that the valves may close and prevent regurgitation, the base upon which the valves sit requires to be in a normal condition. Now when this part of the heart is swollen, the actual size of the opening is lessened, and may be very nearly closed, so that there is the condition of stenosis. This is not the most important element of the disturbance however. As the fibrous rings and the bases upon which the valves rest become enlarged, the latter are tilted in the opposite direction; and if it be the auriculo-ventricular opening that is affected, the valves are forcibly pushed into the ventricle, and held back towards the side of its walls. From this it is clear that the valves do not fall freely back so as to close the opening, and a regurgitant murmur is heard along with the condition of stenosis just mentioned. So far there may be no lesions, no deposits or fungoid growths on the valves, rings, or cords. So far there may be nothing that is incurable. Simply the function is interfered with from a swelling of the parts.

Now on theoretical grounds, if we can remove this swelling before any growths or deposits take place, then we may feel assured that much good has been accomplished. The chordae tendineae are greatly enlarged, and as they thicken, they shorten. This fact can be proven on the fresh heart in various ways, which I purpose making known on a future occasion. When the cords are thus shortened, there is a second factor in the prevention of the closure of the valves.

The following cases may bring out the principal points in the treatment of these cases:—Miss G——, aged 13 years, a patient of Dr. Clark's, near Newcastle, England, had a severe attack of acute rheumatism in the middle of January, 1881. About the third week of her illness, she was taken with heart trouble. The patient was under my care. Along with Dr. Clark, I determined to put her to bed, and keep her there for months if needed. Her diet was restricted almost entirely to milk. All exertion was completely interdicted. A mixture of digitalis, potassium iodide, and salicylate

of soda was ordered, and each of these ingredients pushed as far as the patient could bear them. At the end of six weeks all murmurs had ceased; but though the patient was allowed out of bed, the treatment in other respects was continued for about two months longer. I had a letter from the young lady a short time ago, stating that there had been no recurrence of the heart trouble, and that her health was all that could be desired.

The second case, Mary K—, from my own part of Ontario, Huron, was brought to Toronto and put under my care. There was certainly very severe cardiac trouble, a good deal of dyspnoea, a scanty amount of urine secreted, the limbs oedematous, and the abdomen considerably distended. The patient was at once ordered to bed, and put on a milk diet. The same mixture of potassium iodide, salicylate of soda, and digitalis prescribed. To aid in relieving the dropsical state of the body, an incision was made over each internal malleolus about an inch in length, and freely through the subcutaneous tissue. The discharge of fluid was very free for the first three days; but by the seventh, nearly all trace of anasarca had disappeared. The recumbent posture was maintained for nearly two months, and she left the city in a very good state of health, and with the merest trace of the cardiac murmur, so audible at the commencement. She is still taking her mixture, and I am quite confident that in due time the disturbance will have entirely ceased.

I base the treatment upon the following principles: 1st. A milk diet, because it is nutritious and leaves little residue for the digestive system to get rid of; while it favours the action of the kidneys. 2nd. The maintenance of rest, a condition that secures muscular inactivity throughout the body, and gives the heart as much ease as possible. This is very necessary, just as in the treatment of any inflamed organ. 3rd. With regard to the medicinal treatment I need say nothing further than that I am a firm believer in the protracted use of some preparation of salicylic acid after an attack of rheumatism, so as to eliminate from the system as thoroughly as possible the tendency to recurrence, and to remove any complications that may have taken place.

When we find a murmur during or following an attack of rheumatism, I hold that it is impossible to say whether it be due to actual deposits upon, or around the valves, or only to swelling and thickening of these parts. It is, therefore, our duty to follow that line of treatment which will remove the latter condition, or improve the former, if unfortunately it should exist, and thus place our patient in as favourable a condition as possible, for making a good recovery in the least time.

### REMOVAL OF A FIBRO-CYSTIC TUMOUR, OF THE UTERUS, WEIGHING TWELVE POUNDS.

BY DRs. STEWART AND HURLBURT, BRUCEFIELD.

Miss W., aged eighteen, when first seen on the first of last June complained of swelling of the abdomen. She first noticed that she was getting larger than usual a little more than two years ago. During the last few months there has been a steady and marked increase in the size of the abdomen with a general loss of flesh and strength.

She always enjoyed good health previous to her present trouble. Family history is good. The catamenia first made their appearance three years ago, and continued at irregular intervals until five months ago, since which they have been very regular.

The abdominal cavity is the seat of a large tumour which can be traced into the pelvis. It can be moved in all directions. It has a semi-solid feel. With the exception of a small line of resonance in the right flank the whole abdomen as high as four inches above the umbilicus is dull. The abdomen is unequally distended. It is nearly two inches further from the umbilicus to the right anterior superior spine of the ilium than it is between the corresponding points on the left side. No fluctuation can be detected in the tumour, neither can any free fluid be made out in the abdominal cavity. The uterus is pushed down and Douglas's pouch is obliterated. The uterus is normal in size.

There is slight oedema of the lower extremities.

Nothing abnormal found on making a physi-

cal examination of the chest. The urine is normal in quantity, colour, reaction, and specific gravity. It is free from albumen.

She has suffered considerably during the last year from sharp attacks of abdominal pain.

The diagnosis arrived at was a *multilocular cyst of left ovary*.

*Operation.*—Present: Drs. Gillies, McMicking, Taylor, Cassidy, Tamblyn, and McDonagh. Dr. McLean administered ether. After opening the peritoneum a trocar was introduced into what was still considered an ovarian cyst. The fluid coming away it was withdrawn. This was followed by copious bleeding from the seat of the puncture which was partly stopped by plugging the cavity with the fingers. Repeated attempts were now made to lessen the size of the tumour by tapping it in various places, but without any success. The hæmorrhage from the puncture being still considerable and even getting alarming we quickly extended the incision both upwards and downwards. It was in all ten inches in length, from the pubes to two inches above the umbilicus. After a little manipulation the tumour was turned out, and the pedicle which was about three inches in length and attached to the upper and left border of the uterus was secured by carbolized silk, the ends cut short and dropped back. The abdomen was now carefully sponged out. There was a good deal of difficulty in doing this owing to the large quantity of blood that escaped from the first tapping and from the presence of the brain-like contents of a cyst which burst during the efforts at extraction.

The abdominal wound was then closed. A rubber drainage tube of large size was left in the lower part of the wound.

The whole operation which was conducted with the strictest antiseptic precautions occupied an hour and three quarters in its performance.

When the patient was removed to bed her pulse was 108, two hours after it fell to 100.

Vomiting was a prolonged and troublesome symptom, having lasted about forty-eight hours. The hypodermic injection of morphia appeared to have more influence in checking it than anything else. The highest recorded temperature was 103°, but it only kept at this height for

an hour. The application of cold to the head reducing it to 101°.

At no time during the subsequent history of the case was there any cause for alarm. The drainage tube was removed at the end of the third day. During the first twenty-four hours there was at least a pint of reddish serum discharged. The wound, except where the drainage tube was, was healed on the sixth day. On the ninth day union was complete. The patient was sitting up on the fourteenth day and walking about on the twentieth. It is now seven weeks since the operation and she continues in the best of health.

*Remarks.*—The error in diagnosis, although it was of no real practical significance might have been avoided if tapping had been resorted to. But as this is a very serious procedure, it is best to operate without it, even if the diagnosis is not certain.

#### SOME POINTS REGARDING MEASUREMENTS IN SURGICAL PRACTICE.

BY WM. OLDRIGHT, M.A., M.D., TORONTO,

*Lecturer on Sanitary Science, Adjunct Lecturer on Medical Jurisprudence and Curator of Museum in the Toronto School of Medicine, Surgeon to News Boys' Lodgings, Chairman of Provincial Board of Health.*

Read before the Ontario Medical Association, June, 1882.

Mr. President and Gentlemen of the Ontario Medical Association,—My principal object in this brief paper will be to point out a common source of error in the measurement of the lower extremities, especially during the treatment of fracture of the femur.

Before doing so, however, I may be allowed to ask you to consider the question of the value of measurements in the treatment of fractures and dislocations.

Most of the members of this Association are aware of the view enunciated by Dr. Sayre, (that shortening should not occur with proper surgical treatment), and how this statement was challenged by Prof. Gross, still chafing under the remembrance of a vexatious and unjust suit for malpractice, and also how it has been further combatted by Dr. Frank Hamilton in the last edition of his work on "Frac-



tures and Dislocations." Amongst other arguments, Dr. Hamilton draws attention to the fact that in a very large proportion of persons whose legs have been uninjured one is longer than the other, and that the difference is generally in favor of the left. Upon this fact some practitioners have based an opinion that there is no use in measurements. I have heard one very well read and skilful gentleman, a member of our Association, express this opinion. Now I think it a pity that this opinion should prevail. I consider that in the measurement of limbs we have, to say the very least, what may prove a very valuable corrective in many cases. And on again looking up Hamilton's remarks, I see that he expresses the same view, and thinks that if we abandon measurement we abandon one of the diagnostic means which has led to such vast improvements in the treatment of fracture of the femur.

Believing that every contribution, however slight, to the data of surgical knowledge may be of some service, I measured last week the legs of fourteen boys in the News-boys' Lodging. Of these I found only two deficient, and in one I could only discover about one-sixth of an inch difference, and in the other the difference was half an inch. From neither could I obtain any history of accident.

I believe that in the upper extremities greater differences are often found than in the lower. I have myself noticed this in persons who have been round-arm bowlers in cricket during boyhood and youth.

The errors in measurement to which I have made reference occur from the pelvis being drawn down on one side, and the legs not being placed at the same angle to the outer surface of it. If we look at the skeleton we will observe that two lines, drawn respectively from the anterior superior spinous process of the ilium to the hip joint, and from the hip joint to one of the malleoli will meet at an obtuse angle, and if we now abduct the whole leg we shall find that the angle becomes less obtuse. Hence by a well-known geometrical rule, the subtending line from the anterior superior spinous process to the malleolus will be greater in the former than in the latter case. This will be rendered far more evident if we continue to ab-

duct the leg till the femur is brought close up to the spinous process. It is, of course, impossible to get that degree of abduction in ordinary living men, but this exaggerated form illustrates very forcibly to the eye what takes place to a less extent in life.

Now this tilting down of the pelvis on the affected side is what actually takes place in practice when traction is made by the weight and pulley, especially in young persons, the flexible lumbar spine on which the pelvis is hinged allowing it to be deflected from the right angle which they usually make with each other.

I was very much struck with this in treating a boy some twelve years ago. I had shortening as I supposed—more than half an inch—and I added pound after pound to the heavy weight already on, and continued to do this for three or four days; and without improving the length of the limb, I added very much to his discomfort. At last I began to be suspicious of the reason, and I made a paste-board square of the T form, which I now produce. I applied the ends of the horizontal portion of the T to the spinous processes of the ilium, and found that the leg was abducted to a marked degree. I now drew the other leg out to the same angle, and on measuring could not discover that the affected limb was in the slightest degree shorter than the other. I took off the excess of my weights gradually and got a good result.

Some time afterwards I happened to mention the matter to Dr. Aikins, and found that he had passed through a similar experience. I do not mean to say that he was as long discovering his error.

I have no doubt that many here have noticed similar facts, but as I have never seen the matter referred to in print, I have thought it well to draw attention to it.

The upper arm of the square is made of paste-board or other flexible material, so as to allow of its being bent down over the abdomen on to the spinous processes.

The same error would occur if the one limb were more flexed towards the abdomen than the other; but the malposition is less likely to be overlooked.

I have not adverted to such modes of measurement as taking the symphysis pubis as one of the points, as I hope this mischievous method is not in vogue with any person in this room. I use the word "mischievous" in remembrance of some curious results in Court that have been connected with this mode of measurement.

### HOSPITAL NOTES.

BY MR. FRANK KRAUSS.

#### SCIATIC DISLOCATION OF THE FEMUR WITH FRACTURE OF THE ISCHIUM.

A—C—, age 42, a labourer was admitted April 22nd, for treatment of injuries received by the falling in of a drain. The peculiarities of the case were as follows:—In the recumbent position the signs were evidently those of a sciatic dislocation of the head of the femur; in the erect position an intracapsular fracture of the neck would seem to be indicated; and, to complicate matters, on rotating the limb some crepitus was apparent, seemingly of a cartilaginous character, and proceeding from within the capsule. The case was diagnosed as one of sciatic dislocation and manipulation was resorted to, but without effect, other than that the patient while standing could now place his feet together which he had previously been unable to do. A rectal examination was then made which revealed at once the cause of the crepitus and of the failure to reduce, viz., an ischiatic fracture, extending from the anterior margin of the great sacro-sciatic notch forwards towards the acetabulum, the direction of the plane of the fracture being apparently downwards and outwards, the sharp edge of the lower margin of the fracture being easily detectable projecting in the opposite direction. Further attempts at reduction were now, of course, out of the question. Forty-eight days after the accident, the fracture having apparently united, another effort was made to effect reduction, but without success, the bone returning readily to its place, but refusing to stay in position. Dr. Fenwick, the distinguished surgeon of Montreal, who was present, also kindly attempted the reduction with like

result. At a subsequent consultation it was decided to leave matters as they were and the patient was discharged on the sixtieth day after the accident, able to bear some weight upon the limb, and to go about with crutches.

#### FURNEAUX JORDAN'S SPONGE DRESSING.

This mode of dressing surgical wounds was adopted with most gratifying results in the case of a female patient, aged 52, after removal of the right breast for scirrhus. The lips of the wound were maintained in apposition by means of sutures and strips of plaster. The whole surface adjacent to the incision was thoroughly washed with dilute carbolic acid (1 in 40), and well disinfected sponges, steeped in a 1 in 20 solution and wrung out as nearly as possible to dryness were placed over the line of incision and kept in position by means of plaster strips. Free drainage was obtained by means of a tube, and the whole was covered with an ordinary roller bandage confining the arm. Every couple of hours the coverings were saturated with a carbolic acid solution and the dressings were renewed daily, for the first few weeks, subsequently every other day. Under this treatment, the wound, which was a very extensive one—the operation having involved the removal of all the axillary glands that could be found, about twelve in number—healed rapidly, union taking place by primary adhesion along its whole length, with the exception of the site of insertion of the drainage tube, and of a small surface the size of a ten cent piece where some deep suppuration had occurred. The amount of pus found on removing the dressings was unusually small, at no time exceeding a teaspoonful. The advantages of this method are various; the sponges afford an equable, elastic pressure, and while almost perfect asepticism is secured the comfort experienced by the patient is very great. This patient suffered no pain from first to last. At the second dressing one large sponge covering the whole breast region was substituted for the two or three smaller ones. Mr. Sampson Gamgee's "Trinity of Healing Graces,"—Rest, Position, and Pressure were hereby well secured; and although the dressings were not dry, they might just as well have been infrequent.

## ROTHELN OR GERMAN MEASLES.

BY R. A. ALEXANDER, M.D., GRIMSBY, ONT.

*Read before Ontario Medical Association, June, 1882.*

In February, 1881, W— F—, aged about 35, after feeling slightly indisposed for a day or two, became covered with an eruption somewhat resembling measles, but without the peculiar odour of that disease. He remembered having had measles some years before. Conjunctivæ intensely congested; throat red and sore, but not swollen; temperature  $101^{\circ}$ ; did not feel sick; would not remain in the house; went about his work the next day with the rash fully out; had no complications nor sequelæ.

This was the first case of an epidemic of Rötheln or German measles, which prevailed in this section during the following spring and summer. On the 15th of the same month I vaccinated a boy aged three years with non-humanized vaccine virus from an ivory point. On the 24th, at the height of the vaccinia, he had a convulsion and the same day his face and body became quickly and thickly covered with an elevated eruption somewhat like measles. The eruption consisted of elevated spots or patches, some round, some irregularly shaped, of a bright red colour. The colour, however, varies a great deal in different patients. The day after the convulsion he was able to be up and about the house, and apparently did not feel very sick. The disappearance of the rash was very gradual and it could be seen at the end of two weeks, whenever he became overheated from any cause. There was violent inflammation of an erysipelatous character in the vaccinated arm, with intense induration around the pustules, in fact almost gangrene.

After these two cases the disease spread rapidly through the village, and we were not free from it until the ensuing autumn. This epidemic was marked by symptoms common to both measles and scarlet fever. The premonitory fever was short and seldom as high as  $102^{\circ}$  Fah., and was relieved by the coming out of the eruption.

Neither measles nor scarlet fever was prevalent at the time.

Many of the children whom I attended dur-

ing this eruptive fever I had previously attended for measles and since for scarlet fever.

My reason for drawing attention to this epidemic is the fact, that in several instances facial erysipelas occurred as a *sequel* within a week after the disappearance of the rash. In five cases of young ladies between the ages of fourteen and thirty years, who, after the disappearance of the eruption and feeling very well and the weather being unusually fine, had gone out walking or driving, erysipelas of the face appeared immediately and was of a severe type. One young lady died suddenly on the eighth day.

In every case the sequel occurred at the beginning of a menstrual period.

Tinctura ferri mur. was badly tolerated in the erysipelas. Quinine acted well.

## SEPARATION OF THE OLECRANON EPIPHYSIS.

BY H. T. MACHELL, M.B., L.R.C.S.E.

Surgeon to the Toronto Dispensary, and to the Hospital for Sick Children.

On 5th August last, I was called to see Dolly E., æt.  $3\frac{1}{2}$  years, who had received an injury in the neighbourhood of the elbow-joint. About half-an-hour previously she had fallen off a low chair, very little more than a foot high, her arm coming under her. When seen, she was lying on a lounge with the arm extended by her side. There was little or no swelling, but it was so tender, that the slightest touch caused her to scream out and struggle to get away. However, by simply running the finger along the posterior border of the ulna, a transverse groove at the junction of the olecranon with the ulna was readily detected. The pain and tenderness on the least motion were so great, that I asked for professional assistance, and Dr. Cameron saw the case with me. Under chloroform the groove could be easily made out, and the upper fragment pushed down so far as to almost obliterate it. No distinct crepitus was observed, though once it was thought to be felt.

No other injury having been made out, a sole-leather splint extending from the axilla to the hand, covering the anterior and

lateral surfaces of the arm was applied. A good-sized pad of cotton-batting was placed above the olecranon, and, at that point bandaged something after the figure-of-8 style, with a view of dragging down the small fragment.

During the application of the bandage the forearm was rather forcibly extended. The child afterwards went about with the arm hanging by the side.

August 15th.—Splint taken off. No sulcus; on the contrary, considerable thickening could be felt at the point of separation. The exquisite tenderness of ten days ago had disappeared. The splint was reapplied in the same manner as before.

The case is, I think, of sufficient interest and rarity to be reported, as Hamilton mentions only one case, produced by himself in reducing a dislocation of the forearm backwards in a child seven years old. The case above narrated is doubly interesting to Dr. Cameron and myself, and, perhaps, also generally, on account of the fact, that, 5 weeks previously we had to reduce under chloroform the same forearm dislocated (partially) inwards. The limb had been subsequently confined for some time in the flexed position, and passive motions were being regularly practised at the time of this second accident. Perhaps the partial rigidity of the joint was one factor in the determination of the separation of the epiphysis.

#### HERNIA OF THE OVARY.

BY R. BARRINGTON NEVITT, B.A., M.D.,

Surgeon to the House of Providence, Hospital for Sick Children, and Toronto Dispensary.

C. J.—, æt 25, was confined of a male child, still-born, August, 1879. She suffered from general weakness and there was manifestly some subinvolution of the uterus. The menses did not recur until December or January, and were accompanied by a great deal of pain. At this time the right ovary could be felt plainly enlarged in the right iliac fossa. In February, while carrying a pail of water, she slipped, but by a great effort prevented herself from falling. She felt something give way in the right groin, and was much overcome by a feeling of nausea and weakness. She recovered from this, and, in a few days, when

her courses came on, noticed a lump on the anterior and internal face of the thigh, about four fingers' breadth below Poupart's ligament. It was as large as a hen's egg, tense and tender, with pain radiating down the thigh and across the abdomen and towards the sacrum. Pressure aggravated the pain, and squeezing produced a sickening sensation with severe pain. After the flow ceased, the pain and swelling subsided. The lump was more or less ovoid in shape, and flattened, and had a prolongation towards the inguinal canal. There was no resonance, but an impulse on coughing. It had a firm glandular feel, and on pinching gave rise to the peculiar pain spoken of above. All attempts at reduction were fruitless. At each month the tumour enlarged and became exquisitely tender, and there was great dysmenorrhœa, the menses recurring more frequently than natural. A last attempt at reduction after raising the hips, lowering the shoulders, and flexing the thighs upon the abdomen, by the use of continued rather forcible pressure in the direction of the inguinal canal, caused the tumour to disappear with a sudden slip, but no gurgle accompanied the return. There was a quick subsidence of the sharp lancinating pains, and she was able to walk without the agony she had experienced previously. After walking a short distance the hernia recurred and was easily replaced. The failure of my first attempt at the taxis may have been due to the fact that I mistook the tumour for an epiplocele through the femoral canal, and the force applied was misdirected. Afterwards, when I discovered the cordlike prolongation toward the inguinal canal, the attempt was successful. The tumour was at all times movable.

#### A CASE OF RAILWAY INJURY WITH LOSS OF BRAIN SUBSTANCE.

BY A. M'PHEDRAN, M.B.

Surgeon to Toronto Dispensary.

The following case is sufficiently interesting to be placed on record:—W—, a girl aged 9, was struck by a train as it was entering Oshawa station, June 17th, 1876. Through the kindness of Dr. Rae, to whom I am indebted for these notes, I saw the child with him shortly

afterwards. She was comatose. The scalp was cut in several places. Blood flowed freely from the mouth, nose, and ears; and there was subconjunctival extravasation. Two pieces of brain substance, each as large as a bean, escaped from the left ear with the blood. The left humerus and clavicle were broken, and the arms and legs much cut and bruised. Coma continued for several days. The bleeding from the ears, which persisted for some time, was followed by a serous flow. Consciousness gradually returned, and she slowly improved till complete recovery took place. Her hearing was deficient before the accident, caused by an attack of scarlet fever; the deafness is considerably more marked now, though not complete.

### Selections: Medicine.

#### PROGNOSTIC SIGNIFICANCE OF THE TEMPERATURE IN VARIOUS AFFECTIONS OF THE CENTRAL NERVOUS SYSTEM.

BY OBERSTEINER.

In apoplexy the temperature is first lowered and for some hours, then for many is maintained between  $37^{\circ}.5$  and  $38^{\circ}.5$  (C).  $99^{\circ}.5$  and  $101^{\circ}.3$  F.

The fall is considerable in cases rapidly mortal (as far as  $35^{\circ}$ ). ( $95^{\circ}$  F.) It persists or is followed by a quick and considerable ascent.

In embolism the initial fall is wanting or insignificant generally there is a rapid ascension, then return to the normal and notable oscillations. When the issue is going to be fatal we observe a slow ascension which, however, does not attain the high degrees of fatal apoplexy.

In epileptic attacks, the temperature rises to  $38^{\circ}.5$  (C).  $101^{\circ}.3$  F.

A quarter of an hour to a half hour after the end of the attack deservescence begins, which is completed only at the end of ten hours. Subinfrant attacks cause the temperature to rise to  $40^{\circ}$  and  $41^{\circ}$ . (C).  $104^{\circ}$  and  $105^{\circ}.8$  F.

In uræmic attacks the schema is very nearly that of apoplexy: fall at the beginning

then hyperthermy and oscillations above  $37^{\circ}$  (C). ( $98^{\circ}.6$ ): Return to the normal.

The attacks of divers nature (epileptic, cataleptic, apoplectic, &c., that are met with in the course of general paralysis, would be announced two or three days in advance by a lowering of the temperature, one might then administer in time chloral, which, according to König, is capable of calming the convulsive crisis. During the attacks the progressive fall of the high temperature of the beginning is a good prognostic. A persistent exacerbation should make us suspect a fatal issue.—*L'Union Medical*.

HEITLER ON ACUTE DILATATION OF THE HEART.—After noticing the cardiac dilatation which gradually occurs when the compensation by hypertrophy for valvular disease ceases to be sufficient, Dr. Heitler says, that he has also, in many cases been able to diagnose an acute dilatation of the heart occurring suddenly and disappearing as suddenly. (*Wien. Med. Woch.*, 1882, No. 22.) This acute dilatation he says can be diagnosed only by prolonged and careful examination. It may affect all the cavities or only one, the left ventricle, or the left auricle alone, or only the right side of the heart. He records a case in which, from the physical signs, there was evidently dilatation of the right side of the heart, with great palpitation, anxiety, and cyanosis; the heart beating violently 200 times per minute, but giving a very weak pulse. Within five minutes, when he wished to demonstrate this condition it had disappeared along with the symptoms. The patient had mitral insufficiency with stenosis, and suffered frequently from such attacks. Dr. Heitler believes, that acute dilatation frequently occurs in the early stages of fevers, in endocarditis, anæmia, and Bright's disease.—*London Med. Record*.

Dr. Lambert Ott in the *Philadelphia Medical Times*, tabulates as a sign of tubercular meningitis extreme tenderness elicited on pressing the femur. He discovered this incidentally in one case and confirmed it in a second case, pressure upon other portions of the extremities causing no distress whatever.

**BIZZOZERO ON THE DIAGNOSTIC SIGNIFICATION OF THE ALVEOLAR EPITHELIUM OF THE LUNG IN SPUTUM.**—The large granular epithelium that appears in sputum, the writer considers undoubtedly proceeds from the alveoli. He recalls the fact, that, in the alveoli there are two distinct kinds of epithelium, viz.: broad, squamal, and smaller, but thicker, and more granular cells. It is the latter class which undergoes rapid proliferation in inflammation, the other remaining unaltered. And it is the latter class that appears in the sputum. When present in large quantity, in abundant sputum they form a bad symptom, as indicating a general catarrh of the alveoli; but if in small quantity, they have no significance.—*Lond. Med. Record.*

**LEAD COLIC.**—M. Bernutz has been experimenting at La Charité with Malherbe's method of treating lead colic, a mode of treatment resuscitated by Picot, of Bordeaux.

Thirty years ago Malherbe basing his opinion upon a long series of cases, advocated the use of belladonna in massive doses in the treatment of lead colic. He found that the tolerance for this drug was in direct proportion to the intensity of the lead poisoning. Malherbe's plan was to give five centigrammes of extract. belladonnæ every half hour until 20 or 25 centigrammes had been given. Concurrently he gave a purgative, as two drops of croton oil.

In M. Picot's observations the cure has been prompt, the constipation being overcome after the first day and the colic immediately calmed.

M. Bernutz has had to wait longer and in some cases was obliged the next day to recommence the treatment and in some cases with slight signs of atropinism.—*Gaz. des Hôp.*

**PROGRESSIVE PERNICIOUS ANÆMIA.**—Heitler, in *Wien. Med. Woch.*, gives two examples of progressive pernicious anæmia, in men respectively of 43 and 51 years. The only lesion found on careful *post-mortem* examination was an atrophic condition of the stomach walls, with hard contracted bands passing in various directions, and bounding the degenerated portions. This makes it an atrophic dyspepsia.

**DEUKER'S TREATMENT OF DIPHTHERIA.**—In 24 years' experience in the Children's Hospital in St. Petersburg, Dr. Deuker has treated, says the *Medical Press*, upward of 2,000 cases of diphtheria, and having tried all remedies, internal and external, has preferred the following for the last ten years:—As soon as the white spots appear he gives a laxative mainly composed of senna which produces an abundant evacuation. After its effect has ceased, he gives cold drinks acidulated with hydrochloric acid, and every two hours a gargle composed of lime-water and hot milk in equal parts. When commenced early it is generally and rapidly successful.

**THE CHLORATE AND THE CHLORIDE OF POTASSIUM.**—The editor of the *Phila. Med. and Surg. Reporter* suggests that the discrepancy in the results of the use of this potash salt, here and on the Continent of Europe, as a gargle and mouth wash, especially in mercurial stomatitis, is due to the fact that we use the chlorate ( $K Cl. O_3$ ) while there the chloride ( $K Cl.$ ) is employed. Prof. Wertheim says the former in concentrated solution is poisonous, while the latter is innocuous, an analogue of common salt, a specific in sore throat, and especially in mercurial sore mouth.

**INGWORM OF THE SCALP.**—Dr. John Cavañy in *British Medical Journal*, recommends the employment of a solution of boracic acid, 20 grains in an ounce of spirit, to which a drachm of ether has been added. This lotion is to be forcibly rubbed into affected parts of scalp, with a rag, or moderately stiff brush, three times daily; the whole head being ordered to be washed every morning with plenty of hot-water and soap. Like all other parasiticide applications, this must be continued long after all signs of the disease have disappeared.

M. Baibier finds powdered-roasted coffee an excellent deodorizer and disinfectant. The coffee is simply scattered over and about the place or thing requiring disinfection. He has used it in autopsies and on bodies a stinking mass of putrefaction, also as a dressing to foul virulent ulcers.—*France Méd.*

## Surgery.

**COMPLETE LATERAL DISLOCATION OF THE ELBOW-JOINT.**—Dr. Oscar Leedun records in *Phila. Med. and Surg. Reporter*, an unique case of complete outward dislocation of both bones of the forearm produced by a fall from a cart in which the left arm was caught in the wheel. The olecranon was twisted around nearly in front of the joint, passing completely over the external condyle, while the head of the radius was dislocated forward and inward. Reduction was successfully accomplished; some stiffness of the joint remaining.

In the *Medical News* for 19th August, Dr. John A. Sieber, of Ferdinand, Ind., records a case of complete outward dislocation of the radius and ulna. He says that French authors record eleven such cases. The patient in this case was a little girl, nine years old, who had fallen about two feet from a log crossing a brook.

To determine during an operation the direction of an exposed loop of bowel, it suffices to apply to the serous surface for a couple of moments a soda salt; according to Nothnagel, a contraction will be produced which will invariably extend in a direction upwards, towards the pylorus. The contact of a potash salt will likewise determine a contraction of the muscular coat, but it is less marked, is localized, and does not extend in either direction.

**GONORRHOEA.**—Dr. D. W. C. Wade, in the *Transactions of the Michigan State Medical Society*, recommends: Take iodoform, pulverised, two drachms; subnitrate of bismuth, two drachms; chloral hydrate, fifteen grains; morphine, five grains; oil of rose geranium, twenty drops; cacao butter, one ounce. Mix, and make twenty-four suppositories  $\frac{1}{2}$  of an inch in diameter. Write: One suppository to be pushed into the urethra three times daily.

**NEW METHOD OF TREATING SALIVARY FISTULA.**—At the meeting of the Société de Chirurgie, held July 5th, M. Delens read a report on a work of M. Richelot on this subject.

His method consists in forming an internal orifice to the fistula by tying the thickness of the cheek in the grasp of an elastic ligature; after the ligature has cut through, the external orifice closes of itself while the other remains open.—*Le Progres Médical, Medical News.*

**NERVE STRETCHING IN SCIATICA.**—In the *Northwestern Lancet*, for 1st August, Dr. Albert E. Senkler, of St. Paul, Minn., (formerly of Toronto) reports a case of inveterate and disabling sciatica in which all remedies, including the galvanic current, had failed to afford relief, and in which immediate improvement followed stretching of the nerve after exposure by dissection, succeeded after the lapse of a week by forced flexion of the thigh on the trunk, the leg being extended.

**OPTIC NERVE STRETCHING.**—Dr. Wecker and Kümmel have both had cases of stretching the optic nerve. The patient is deeply narcotized, and a cut made in the conjunctiva from the insertion of the ext. rect. to the inferior rect., a short distance from the cornea. The conjunctiva is then separated from the eye and a strabismus hook passed round the nerve, which is powerfully stretched. These operations were performed for amaurotic states of the eye. Before the operations, the hand could be dimly seen at  $1\frac{1}{2}$  feet. Two months after, the fingers at 7 feet.—*Wien. Med. Woch.*

**LIGATURE OF THE INNOMINATE.**—The case on which Mr. Wm. Thomson, of Dublin, performed this operation in June last succumbed on the forty-second day thereafter. There had been secondary hæmorrhage, but none after the thirty-ninth day. The external wound had healed, all but a very small sinus, which was found to terminate in an ulcer involving the anterior wall of the junction of subclavian, carotid and innominate arteries. The two last named vessels were filled with clot, and the subclavian was occluded to the extent of  $\frac{1}{2}$  an inch. The ulcer was on the distal side of the ligature; and the hæmorrhage had apparently come from the innominate, there being a recent blood stain on the cardiac side of the clot. None of the vessels was pervious to

water forcibly injected. Aorta atheromatous. Tumour undergoing satisfactory consolidation. Out of sixteen cases now recorded but one (Smith's, of New Orleans) has survived the operation. Graefe's case lived sixty-seven days; Thomson's, forty-two days; Cooper's, thirty-four days.

**SUB-PERIOSTEAL AMPUTATIONS.**—M. Henriet has recently devoted some attention to this old subject. The operation consists in dividing the periosteum at a lower point than that at which the bone is to be sawn, and then stripping it up to this point, so that after section of the bone, a cuff of periosteum projects beyond it. In a patient of M. Meaise, autopsy showed the periosteum completely covering in the cut surface of the bone, and finally adherent to it, thus closing the medullary cavity, and probably preventing the usual hæmorrhage therefrom. "The periosteum of the adult (*N. Y. Med. Record*), which has completed its task of bone formation, lacks the qualities suited for the purpose, and is thin as compared with the same membrane in its active period of development or about an inflamed joint. M. Ollier, however, believes, that it is an operation admitting of generalization, the dangers being on the side of excessive bone formation. Thus, in young children he has found the periosteum produce osteophytes to the damage of the stump." M. Henriet also cautions us that we do not need too much; and says, that absolute integrity of the periosteal flap is not indispensable, and perhaps not even desirable.—*Lond. Med. Record*.

**SCIATICA.**—In a clinical lecture on Sciatica, Mr. Jonathan Hutchinson (*Medical Times and Gazette*) says, "In nineteen cases out of twenty in which the diagnosis of sciatica is suggested, there is no affection of the sciatic nerve whatever. They are simply cases of arthritic disease of the hip in one or other of its various forms,—acute gout, chronic gout, rheumatic gout, subacute rheumatism, or chronic senile rheumatism. Both by the public and the profession these cases are constantly called 'sciatica.' Our workhouse infirmaries are full of chronic cases under that name, and I speak advisedly when I say I feel sure that they are

almost all examples of *morbus coxae senilis*. Of the cases of 'Sciatica' which are not hip joint rheumatism, some are probably affections of the fascia or periosteum near to the hip; a minority are possibly affections of the sciatic nerve itself. In these latter it is the sheath of the nerve which becomes painful. The pain may be darting, or may radiate, but it does not pass down the nerve tubules or in any way make the patient conscious of their course. The diagnosis of true sciatica is to be based upon the discovery of tenderness restricted to the trunk of the nerve, and involving a considerable part of its course. Examples of this are decidedly rare, and their recognition without risk of error is a matter of great difficulty.—*Philadelphia Medical Times*.

### Midwifery.

In the Obstetrical Society of Edinburgh, a case of pregnancy at 49 (a primipara), one of a "maiden," at 50, and a third at 62 were reported.

**VAGINITIS.**—R. Acid. tannic..... ʒ xss;  
Amyli ..... ʒ iv-ʒ iij;  
Ung. petrolei.... ʒ iv-ʒ iij.

M. Sig. Use from one to two drachms on absorbent cotton as a tampon.—*Med. Surg. Reporter*.

**SORE NIPPLES.**—Cold applications—tannin and glycerine, slight touching with nitrate of silver or Peruvian bark 4, to 8 of almond oil, 6 of mucilage of gum Arabic, and 35 of rose-water, applied every hour, will heal sore nipples in a few days.—*Rudolf Tauszky, Medical News*.

**ACCIDENTAL REMOVAL OF UTERUS; RECOVERY.**—Mr. Hopkins Walter (Reading) exhibited a uterus with one ovary and Fallopian tube, and a piece of omentum, that had been torn away by a midwife in the attempt to remove an adherent placenta. The patient made an excellent recovery. He hoped at a future meeting to communicate a full account of the case.



**OPHTHALMIA NEONATORUM.**—Dr. Credé says that he has treated over three hundred new-born children in the following way:—Immediately after the first washing, the eyes are dried with a clean rag, and one drop of a 2 per cent. solution of nitrate of silver put into each, with a small glass tube. Not one of these children became affected with ophthalmia, notwithstanding that many were born in unfavourable conditions. He shows that nitrate of silver is the best preventive remedy, and praises it warmly.—*Wien. Med. Woch.*

Prof. Spaeth, of Vienna, performed Cæsarean section and sewed up the uterine wound with five deep and four superficial catgut stitches, largest size of Lister's antiseptic chromic acid ligature. The woman died forty-eight hours after of peritonitis. The autopsy was surprising in its revelations. Every catgut suture in the uterine tissue was found untied and straightened out while the wound was open and gaping, the lochial discharges having escaped into the peritoneal cavity. The original knots in the catgut had been tied with especial care by Prof. Weinlechner.—*Philadelphia Medical Times.*

Dr. T. Halbertsma, "On the Etiology of Puerperal Eclampsia," in *Wien. Med. Woch.*, says that all previous observations on the cause of eclampsia are giving way, and seeks for a new clear foundation. He has now for an entire year declared that puerperal eclampsia might be caused by the pressure which the ureters receive from the side of the extending uterus. This hypothesis then met with contradiction; this could not be the exciting cause, as we do not meet with eclampsia in ovarian tumours. Whereupon he attempts to establish afresh his hypothesis. 1. The ureters pass round the uterus from above and behind, to before and below, and can very easily be compressed. This relation does not exist in the case of the ovaries. 2. By experiment it is clear that the secretion pressure in the kidneys is always very slight, therefore, if both ureters are compressed, the flow of urine can easily be stopped. 3. Clinical observation teaches that a small evacuation of urine is one of the strongest forerunning symptoms of eclampsia, and that this retention can almost invariably be traced to compression of the ureters.

**RUSANOVSKY ON LE BON'S METHOD FOR THE TREATMENT OF STILL-BORN INFANTS.**—Dr. Rusanovsky (*Vratch*, 1882, No. 1) relates a very interesting and instructive case of asphyxia neonatorum, in which, after entirely unsuccessful application of the usual methods (including Schultze's), he resolved, in *extremis*, to try hot-water treatment, lately recommended for still-birth by Dr. Le Bon. As there was no bath at hand, the author took a common iron pail, filled it with very hot water, and at once immersed the infant (who was pulseless and cold), leaving free the head alone. One minute afterwards—eighty-seven minutes after birth—the first inspiration was made, and the child's life was saved. The author points out that Le Bon's method is exceedingly simple, easy, conveniently practicable under all circumstances, and does not fatigue the obstetrician. As to the *rationale* of the method, the author is of opinion that the first inspiratory movement results from the powerful exciting influence produced by hot water upon the peripheral nerves of the skin, and from the subsequent reflex action of the respiratory centre in the medulla oblongata.—*London Med. Record.*

**THE UNIVERSITY OF VIRGINIA.**—A correspondent of the *New Orleans Medical and Surgical Journal* writes as follows of the University of Virginia: "Had our Southern neighbours no other boast, they might well be proud of that University. Let us see what percentage of each class is graduated there. I have accurate data for two years only. In 1878-79 there were 53 men in the medical class; 48 of these applied for graduation, and 21 alone were successful. In 1879-80 there were 46 in the class; 31 applied and 10 only graduated. I had almost as soon be one of those 10 as a survivor of the 600 at Balaklava. Can we wonder at the small classes there? But the men of that faculty prefer a small class to a large one, where the pen which titles a fool tells a lie at every stroke."

A hospital nurse on being asked which was the most dangerous case in the ward, pointed to the surgeon's instrument case.—*Mich. Med. News.*

### Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

#### CLINICAL EXAMINATIONS.

SIR,—The importance of thoroughly testing the *practical* knowledge of candidates is now universally recognized, and every year the clinical part of the final examination takes a more prominent place. A man may cram enough to enable him to pass a good written and oral examination, and at the same time be utterly unfit to practice medicine. Let me give an instance. A few years ago I happened to be present at the oral examination of candidate A, who had already been rejected once. The subject was practice of medicine, and he made a *first-class* examination, so much so that another gentleman who was present expressed no little astonishment at the fluency and excellence of the answers. His written paper was of the same character. The clinical examination showed that this man was hopelessly ignorant in the practical application of his knowledge. I was permitted afterwards to see the written report on a case for which he had an hour. It was simply atrocious, and displayed ignorance of the first principles of diagnosis. The clinical examination was the cause of his rejection. But what of that! He did not care, as he got a license to practise in a short time from a Board without clinical examinations.

No better plan can be followed than that adopted by the London Board—the student is sent to the Hospital, and has an hour or an hour and a-half with the Medical Examiner, and the same time with the Surgical one. He prepares a report on a case; sees one or two other patients; examines secretions chemically and microscopically, and has questions upon them. To conduct such examinations properly, ample time must be given, as not more than eight or ten men could be examined in a single day.

I have the honor to remain,  
Yours, &c.,  
PRACTITIONER.

Bodies used for anatomical purposes in Paris, are henceforth to be cremated.

## THE CANADIAN Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism,  
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, SEPTEMBER, 1882.

### MEETING OF THE CANADA MEDICAL ASSOCIATION.

This year's meeting of this Association will be opened on Wednesday morning, September 6th, in the City Council Chamber, which is situated south of the St. Lawrence market, Toronto; the President, Dr. Fenwick, of Montreal, occupying the chair. It has been decided by the Committee of Arrangements to have the meeting last three days instead of two, i.e., through Wednesday, Thursday, and Friday.

As we stated in our last issue, Dr. Daniel Clark, Superintendent of the Toronto Asylum for Insane, will entertain the members at luncheon, probably on Thursday. The reception by the profession of Toronto to those coming from a distance will be given on Thursday evening in the Normal School buildings, and will take the form of a *conversazione*. The Chairman of the Committee of Arrangements, Dr. Canniff, will occupy the chair on that occasion, and it is expected that our distinguished veteran, Dr. Workman, will deliver an address of welcome to the outsiders, to which Dr. Fenwick will probably respond. During the rest of the evening the guests (including ladies) will, it is expected, enjoy themselves by listening to the music which will be provided, promenading through the spacious and handsome buildings in free and unconventional conversation, partaking of refreshments to be provided in the shape of a substantial supper, &c.

The Directors of the Industrial Association kindly invited the members to attend the formal opening of the Exhibition, which is to

take place on Wednesday afternoon, but as this would interfere with one of the most important sessions of the meeting, the Committee was unable to accept the invitation.

We learn from the General Secretary, Dr. Osler, of Montreal, that several who have signified their intention to read papers have not yet officially notified him. Such parties are requested to do so at once. Arrangements have been made with the different Railway and Steamboat Companies for reduced rates, and the necessary certificates may be obtained from the General Secretary, or any of the local Secretaries, Dr. A. H. Wright, Toronto; Dr. Belleau, Quebec; Dr. Rigby, Halifax; Dr. C. Holden, St. John.

We hope members of the Profession will remember that the museum will be one of the most important features of this meeting, and will endeavour to gather together a collection of specimens, including those pathological and physiological, as well as all kinds of appliances, surgical and otherwise, which will be alike creditable and instructive.

The following papers are among those promised:

(1) Dr. Goodwillie, New York, "New Operation for Closure of Hare Lip, and the Hard Palate Immediately after Birth;" (2) Dr. Walker, Detroit, "Stone in the Bladder;" (3) Dr. A. A. Browne, "Some points in Forceps Application;" (4) Dr. Buller, "The Electro-Magnet in Ophthalmic Practice;" (5) Dr. Sutherland, "Exhibition of a Series of Specimens Illustrating the Modes of Termination of Aneurism;" (6) Dr. J. C. Cameron, "Axis Traction;" (7) Dr. F. J. Shepherd, "On Cervical Ribs;" (8) Dr. F. J. Shepherd, "Note on the Treatment of Mammary Abscess;" (9) Dr. Alloway, "Exhibition of (1) a Model of a Gynecological Couch, (2) of a New Speculum, (3) of an Ether Inhaler;" (10) Dr. Gardner, "Rare Form of Uterine Tumour;" (11) Dr. Hingston, "On Certain Obstructions in the Air Passages;" (12) Dr. Osler, "On Echinococcus, Disease in America;" (13) Drs. Osler and Oakley, "Demonstration of Tubercle Bacilli;" (14) Dr. Harrison, Selkirk, "A Peculiar Form of Fever;" (15) Dr. Ferguson, "Parasitic Diseases of the Ear;" (16) Dr. Ferguson, "Report of Three Cases of Eczema;" (17) Dr. Fulton, "Polypoid Fibroma of the Bladder."

## PERCENTAGE ON PRESCRIPTIONS.

There has been a good deal of discussion in the lay press on the subject of the receipt of a percentage on prescriptions by physicians from druggists. One of the Toronto papers especially which has generally been very fair in its reference to the medical profession has had a good deal to say on the subject on various occasions, and has frequently made the very serious statement that such a practice is quite common among the physicians of Toronto. We would like to think that the practice is not common here, but regret exceedingly that we are unable to say that such is the case. There is no doubt that a number of physicians do take the percentage, and in fact make quite a revenue from it.

To any fair-minded man, be he professional or otherwise, there can scarcely be two opinions on the subject. The practice is most reprehensible in every respect, and we can only wonder why it has ever received any countenance. It is neither dignified from a professional point of view, nor straightforward in a business aspect. It is a mean petty way for the physician to make a few cents extra on a consultation, while at the same time an injustice is being done to the public, because, argue as you will, the percentage comes out of the patients' pockets, and that too without their knowledge, if we except the few who have become initiated.

We have no intention, however, of discussing the matter in detail, but simply allude to it at the present time with the hope that members of the profession, or at least those opposed to the practice, will do all in their power to stamp out the pernicious custom.

## CLINICAL EXAMINATIONS.

We publish in this issue a letter from "Practitioner," to which we direct the attention of Dr. Burns, and other members of the Medical Council who take an especial interest in the subject of Clinical Examinations. As the writer of the letter is one of the ablest Clinical teachers we have in the country, his opinions are well worth careful consideration, and we cordially endorse the views he expresses, and the plan he proposes, i. e., the one adopted by some of the examining bodies in England.

## DOCTORS' SIGNS.

We believe it is frequently remarked by strangers visiting Toronto, that the Doctors' signs in this city are the most extensive and gorgeous now known in the world. It is but a few years since the modest and old-fashioned door-plate, with "Mr. Smith, Surgeon," or "Dr. Jones" sufficed. Suddenly, however, an enterprising medico exhibited a fan-light, adorned with his name, over his door, much to the horror of the numerous conservative members of the profession. This was but the beginning, and they soon became generally used, the patterns and embellishments being numerous and varied. At first simply the name appeared, and perhaps street number; now we have "office hours," covering immense spaces, beautifully coloured, in some cases; in others a good portion of the alphabet, in capital letters, after the name. Sometimes tin plates adorn various parts of the Doctor's abode, being especially profuse about the corners of the house and fences. Enterprise, has not, however, stopped here, and we have occasionally added a street lamp, or a huge grey stone slab, fashioned after the model of a modern tombstone, and decorated with the Doctor's name.

We don't know that there is any written law on this subject, and it is generally considered simply a matter of taste, but, perhaps, it is well to "draw the line somewhere," and we venture to hope that the *line* has been reached, if not passed, in Toronto, and that no further *improvements* will be attempted.

## ST. THOMAS SANITARY CONVENTION.

We direct the attention of our readers to the announcement in our advertising columns of this first Sanitary Convention in Ontario under the auspices of the newly created Provincial Board of Health. The meeting is to be held on the 19th, and 20th inst., in St. Thomas, and it is clearly the duty of all members of the profession in whose power it may lie, to strengthen and assist the Provincial Board in its laudable efforts at the popularization and diffusion of sanitary knowledge, by adding alike their presence and their strenuous personal endeavours to secure the success of this inaugural convention. *Dimidium facti habet qui bene cepit.*

## THE F. R. C. P., LONDON.

That it is not altogether an Utopian expectation for a Canadian practitioner to aspire to such proud eminence is fully demonstrated by the recent election of Dr. J. A. Grant, of Ottawa, to this honourable distinction. At the same meeting at which Dr. Grant's election was made, a resolution was passed reiterating an affirmation of 40 years ago, to the effect, "That the system of extensively advertising medical works and the custom of giving, whether for publication or not, laudatory certificates of medicinal or other preparations, or of medical or surgical appliances is misleading to the public, derogatory to the dignity of the profession, and contrary to the traditions and resolutions of the Royal College of Physicians." In felicitating our fellow countryman on his attainment to this enviable distinction, we cannot refrain from expressing the hope that he may be, on all occasions and in all places, foremost in enunciating and exemplifying the words and spirit of this resolution of his college; for in this benighted province where the lamp of ethics is sometimes threatened with obscurity from the shadow of utility and gain, and there is good cause for "grieving that our greatest are so small," we have sore need of the clarifying influence of a bright and eminent example.

## CHLOROFORM INHALATION.

There is scarcely any doubt as to the fact that chloroform is more prompt in its action, and more agreeable to inhale than any anæsthetic known, and it is, therefore, very important to ascertain, as far as possible, the sources of danger connected with its use. In a recent article on the subject in the *Medical and Surgical Reporter*, reference is made to the experiments of Dr. Theo. Clemens, which show that chloroform is more safe when recently prepared, and if it has not been exposed to light. Its dangers lie in the act of self-decomposition, which is more apt to take place in old chloroform which has been exposed to sunlight. Clemens states that the danger of such self-decomposition is removed by the addition of five per cent. of alcohol to the chloroform.

## JUBILEE OF THE BRITISH MEDICAL ASSOCIATION.

The fiftieth Annual Meeting of this Association which was held at Worcester, England, appears to have been unusually interesting and successful. It was a happy thought to hold its jubilee in the place of its birth, 50 years ago. The reminiscences connected with the first meeting held in this old town, so beautifully situated among the great 'Midland Hills,' and which have now become matters of history, (the attendants of the inaugural meeting having all passed away), were exceedingly interesting although in some respects, of necessity, sad. While this year, those present had to mourn the loss of those noble men who founded the Association, they could at the same time look back with pride upon the history of the 50 years of vigorous existence of the grandest Medical Society the world has ever seen. Canada, fortunately, had two worthy representatives present, Drs. W. T. Aikins, and J. E. Graham, of Toronto, to the latter of whom we are indebted for the able and interesting report which we are pleased to be able to give in this issue.

THE CANADA MEDICAL AND SURGICAL JOURNAL.—Our esteemed Montreal contemporary has suffered a change in the editorial department—Dr. Molson retiring on account of other engagements. Dr. Molson was a general favourite, and his loss will be much regretted; but the editorial lacuna has been promptly and ably filled by Dr. T. G. Roddick, Professor of Clinical Surgery in McGill University. We trust that the Journal will continue to improve, and make as much progress under the new régime, as it did under the late one, which is now the old.

DISINFECTION OF URINE.—Dr. E. C. Curtis, in the *Medical Annals*, says, that 5 grains of chloral to the ounce of urine preserves it perfectly for microscopic purposes for months. This is a matter of importance in cases where specimens of urine have to be transmitted to a distance for examination.

## PERSONAL.

Mr. Spencer Wells is this year President of the Royal College of Surgeons, of England.

Drs. Rosebrugh and Reeve will return from the North-West, about September 1st.

Huge posters on the fences again announce a removal to Spadina Avenue.

Dr. Graham, of Toronto, sailed for home on the 18th of August, and resumes his practice the 1st of September.

Dr. T. G. Holmes, formerly of Brussels, Dr. Rutherford, of Chatham, and Dr. Burritt, of Peterboro', have moved to Toronto.

Dr. D. Clark, Superintendent of the Toronto Asylum for Insane, went to Winnipeg with the "Press" excursionists.

John G. Kittson, M.D., McGill, formerly Surgeon to the North-West Mounted Police, has settled, in practice, in St. Paul, Minn.

R. J. B. Howard, B.A., M.D., McGill, L.R.C.P., London, was admitted M.R.C.S., England, on 31st July.

Von Bergmann of Würzburg has succeeded Langenbeck in the Chair of Surgery at Berlin. Volkmann, of Halle, like Bilroth, declined it.

Dr. Aikins, after attending the meeting of the British Medical Association at Worcester, went to the Continent.

Dr. John Chiene has been appointed to the chair of surgery in Edinburgh, in succession to the late Prof. Spence.

Mr. W. F. Teevan, of London, has been obliged to relinquish the practice of his profession, on account of serious cardiac disease.

Amedée Latour, former Editor-in-Chief of *L'Union Médicale*, died at his residence, Châtillon, on the 28th of June.

We are glad to be able to announce that Dr. James Ross, sen., who has been confined to the house with peritonitis (localized) is again able to be about on active duty.

Dr. G. B. Loring, of Massachusetts, a graduate of Harvard in Arts, 1838, in Medicine, 1842, has entered the U.S. Government as Commissioner in Agriculture.

Dr. Andrew Buchanan, late Professor of Physiology in the University of Glasgow, died on July 2nd, aged 84. His name is inseparably associated with the rectangular staff for lithotomy which he invented.

Dr. James Alex. Grant, of Ottawa, was elected F. R. C. P., on 27th July. H. H. Chown, M.D., Kingston; and H. W. Thornton, M. D. McGill, and R. J. Bliss Howard, B. A., M. D., McGill, were admitted L. R. C. P., London, on 27th July.

The Professorship of Anatomy at Harvard, was established in 1782, its first occupant being Dr. John Warren, who was succeeded by his son, Dr. John Collins Warren, and he in turn in 1847, by Dr. Oliver Wendell Holmes, the present incumbent. Thus in one hundred years three men alone have filled that chair.

Mr. Frank Maitland Balfour, lately elected Professor of Animal Morphology at Cambridge, and a distinguished labourer in the field of Embryology, was recently found dead, along with his Swiss guide, on the Italian side of Mont Blanc. He was only a little over the age of 30 years.

#### OBITUARY.

Alexander Greenlees, M.B., one of the most respected, busy, and promising of the younger generation of practitioners in this city, passed peacefully away on the 10th of August, amidst the pinewoods of Muskoka, whither he had gone, as he had so often done in summer time before, to seek surcease of the harrassing and distressing symptoms of pulmonary phthisis, whose attack he had for several years manfully combatted, and whose victory he accepted with Christian fortitude and resignation. Medicine was not his first vocation; but when, as an after-thought, he determined on that course, he pursued it so successfully that, despite the disadvantage of having had no academic training, he carried off the scholarship in every year of the curriculum except the first, and graduated in the Faculty of Medicine in the University of Toronto as gold medallist and Starr silver-medallist in 1870. A man of the highest probity, his straightforward manner impressed one favourably from the first; and being gifted with much assiduity in business, together with sound judgment and "saving common sense" he soon acquired a large and appreciative *clientèle*. Indeed the writer can aver that it falls to the lot of few practitioners

to enjoy the esteem and confidence of their patients in such a high degree as Alexander Greenlees did. Soon after graduating he became first tutor in chemistry, and afterwards Lecturer on Practical Chemistry in the Toronto School of Medicine, of which he was an alumnus. At the time of his death he was only 39 years of age, but, as Cicero has said, *omni ætate mors est communis*; and although he was not spared to reap the full fruition of his early hopes and just expectations, yet in his day and generation he served his fellow-man faithfully and well, and thus inherited the promise. *Dignum laude virum Musa vetat mori*, Horace has truly said, and daily experience certifies us of the fact that in the recollection of his works and words the just man lives again, "the good man never dies."

#### Book Notices.

*Announcement of the College of Physicians and Surgeons of Ontario, for the Academic Year 1882-83.*

*Second Annual Announcement of the Collegiate Department of the Minnesota College Hospital, Minneapolis, Minn.*

*Transactions of the Michigan State Medical Society for the year 1882.* This Society seems to have a membership of close upon 250; and an active and painstaking Secretary, Dr. Geo. E. Ranney, of Lansing. The transactions are carefully and promptly issued in good and pleasing form, but, this year, are somewhat disappointing in subject matter.

*Transactions of the Medical and Chirurgical Faculty of the State of Maryland.*—84th Annual Session. The transactions of the 84th annual meeting of this association held in Baltimore, Md., in April last, are now before us. The volume is well got up and nicely printed as befits the venerable age of the society. Some of the reports and papers are highly interesting, and especially those contributed by the Johns-Hopkins men.

*Atlas of Gynecology and Obstetrics.* Edited by DR. A. MARTIN. Supplemented by numerous illustrations from J. P. Maygrier's *Nouvelles Demonstrations D'Accouchements*. Cincinnati: A. E. Wilde & Co.

We are in receipt of Part V. which was omitted in forwarding this valuable work in parts, the satisfactory completion of which we noticed in our last. This part covers a large number of pathological conditions, and presents the same excellence of execution to which we have borne testimony in previous notices.

*What to do in Cases of Poisoning.* By WM. MURRELL, M.D., M.R.C.P. Second edition. Detroit: G. S. Davis, 1882.

This valuable little compend of Murrell's, containing plain, straightforward, excellent directions for the prompt treatment of cases of poisoning, arranged alphabetically, according to name of poison, thus made easy of reference, and quite intelligible, even for laymen, is published by Davis, of Detroit, in that compact, little form well suited for the vest pocket,  $4 \times 3 \times \frac{1}{2}$  inches. Every student should carry one with him, and so should every practitioner until long experience has made him *semper paratus* in emergencies.

*The Change of Life in Health and Disease.* By EDWARD JOHN TILT, M.D., Past President of the Obstetrical Society of London. Philadelphia: P. Blakiston, Son & Co.

Speaking, generally, there is no doubt our knowledge of the great importance of the changes which take place during the climacteric period are vague and incomplete. Medical men, along with *wise old women*, are in the habit of attributing various ills to the "change of life;" but, frequently, in a very indefinite and unscientific way. This work, which is undoubtedly the best written on the subject, will be warmly welcomed by the general practitioner. The author has adopted the right course by giving, first a chapter on the physiology of the menopause, then the pathology, and, after thus establishing a satisfactory basis, goes on to describe the diseases of the various systems and organs of the body which may arise. Remember the important fact that the price is only 75 cents for the book, in paper; and \$1.25 in cloth binding.

*The Illustrated Quarterly of Medicine and Surgery.* Edited by DRS. GEO. HENRY FOX, and FREDERICK R. STURGIS, with the co-operation of Profs. Willard Parker, A. C. Post, W. H. Van Buren, J. L. Little, T. G. Thomas, A. L. Loomis, F. Delafield, D. B. St John Roosa, C. R. Agnew, & Austin Flint, New York: E. B. Treat, No. 757 Broadway.

We are in receipt of No. 3, (July) of vol. 1., of this valuable publication. Its contents are: Duodenal Ulcer, by F. W. Campbell, Montreal (1 illustration); A New Method of Closing Urethral Fistula, by Chas. McBurney, (14 illustrations); A Case of Congenital Keratoma, by G. G. Wheelock, (2 illustrations); Papilloma of Pharynx Removed and Cured by John O. Roe, (1 illustration); Gummous Iritis, two cases, by F. R. Sturgis (2 illustrations); Therapeutic Uses of Rubber Tubing, by W. M. Chamberlain, (6 illustrations); and Elastic Tension in the Treatment of Pott's Disease, by M. J. Roberts (8 illustrations). Subjects 2, 6, and 7 are especially noteworthy by the general practitioner; and, although 6 contains nothing really new, yet the hints for utilization of rubber tubing are good, and it well establishes, not only the priority, but the superiority of its use over Leiter's metal tubes which have lately attracted so much trans-atlantic notice.

### Meetings of Medical Societies.

#### MEETING OF THE BRITISH MEDICAL ASSOCIATION, AUGUST, 1882.

The British Medical Association held this year its jubilee meeting in the place of its birth, the "faithful city" of Worcester. Fifty years ago the foundation stone of the Association was laid by Charles Hastings, and a small but devoted band of fellow-workers. Sir Charles Hastings appears to have been a man of unusual ability and industry. Besides being a very successful practitioner of this city, he was also an excellent physiologist, sanitarian, and geologist. He was as well a very prominent member of the Association for the Advancement of Science. A touching tribute to his memory was given by his son, Mr. G. W. Hastings, M.P., at one of the entertainments.

Your correspondent, in company with Dr. Aikins, President of the Toronto School of

Medicine, had the pleasure of attending the meetings, and of being made members by invitation.

There were between four and five hundred in attendance. The first day, Tuesday, August 8th, was taken up largely by business meetings. In the afternoon there was a special service at the Cathedral, and a sermon preached by Lord Alwyne, Dean of Worcester. In the evening, Dr. Strange, of this city, the President, gave the annual address. In speaking of the foundation of the Society in 1832 he said:

"Both at home and on the continent of Europe that decade was distinguished by a galaxy of names the like of which, at one period of time, the world has rarely, if ever, seen. There were, indeed, giants in those days. Recall to your minds the names of Wilson Phillip, who once lived here in Worcester; of Lawrence, of Abernethy, and of Cooper, all of whom, however, were already passing away; and then of Copeland, of Latham, of Marshall Hall, of Brodie, and of Watson, in England; of Barclay, and Gregory, the Munroes and the Thompsons, of Knox, Alison, Bell, and Christison, in Scotland; of Graves, and Stokes, and Colles, and many others, in Ireland. Nor was the Continent in any way behind us. I myself had the pleasure and advantage of hearing Louis expound Laennec, and of literally sitting at the feet of Andral, Chomel, Magendie, Roux, and Milne Edwards; whilst Rokitsanski, Skoda, Liebig, and, later, Virchow, were raising the German School of Medical Philosophy from out of its backward, or at least, little known, condition, towards the pitch of eminence to which it has since attained."

The President went on to compare the condition of the profession, and more especially of the provincial medical men, with that of the physicians of the present time, and concluded an admirable address by advising a closer union between the different branches of the Association.

On Wednesday morning, Dr. W. F. Wade, of Birmingham, delivered an address on medicine, before the general assembly in the large hall. He spoke of the progressive character of

medicine, and of the manner in which it overcame the difficulties and short-comings of the past, stating in his remarks, that "in 1820 a physician of Nottingham, Marshall Hall, opened the first parallel of the siege which eventuated in razing the stronghold of blood-letting."

In the afternoon the sectional meetings were held. The Association was divided into eight sections, Medicine, Surgery, Obstetric Medicine, Public Medicine, Anatomy and Physiology, Pathology, Ophthalmology, and Otology. In the medical section a very interesting paper was read by Dr. Playfair, on "the Systematic Treatment of Aggravated Hysteria and Allied Forms of Neurasthenic Disease." He strongly advised Weir Mitchell's treatment for these cases, giving a number in which he himself had been successful. He placed great stress on the importance of having a thoroughly capable nurse. In the discussion which followed there was a universal endorsement of the "massage" for appropriate cases, care being taken that a correct diagnosis is made. Where organic disease is present this method of treatment is likely to do harm rather than good. There was some difference of opinion as to the extent to which uterine disease produced these hysterical conditions, the gynecologists taking one side, and the neurologists the other. The former, however, were free to admit that often the nervous state remained after the uterine cause had been removed.

In the obstetric section a paper was read by Dr. Bantock, of London, on "hysterectomy." He reported twenty-one cases, in most of which he had removed the uterus on account of fibroids. Of the twenty-one six died. In three of the latter the cause of death had been hæmorrhage.

The reader strongly advised the use of a peculiar form of clamp of great power, which he exhibited, and recommended that the pedicle be allowed to remain in the wound. He considers the greatest danger to be from hæmorrhage, and thinks he can in almost all cases control it by the clamp he now uses. In the discussion which followed some of the members were of opinion that operations were too frequently performed for fibroids. Many of the



cases could be cured by the internal administration of medicine, and in many the presence of the tumour did not have any very deleterious effect. They all agreed, however, that cases did occur in which the operation was necessary and justifiable. Dr. Bantock does not use the antiseptic treatment. His great reliance is on absolute cleanliness.

In the pathological section a paper was read on the Pathology of Diabetes, and one on "Changes which take place in the Great Sympathetic in Chronic Bright's Disease." The latter was illustrated by microscopical sections showing degeneration of the nerve cells in the semilunar ganglia. Specimens were also exhibited of diseases of the spinal cord, more particularly the degenerations.

On Thursday morning Professor Stokes, of Dublin, gave the address on surgery. He, in the first place, briefly reviewed many of the more important discoveries made in surgical science during the last half century, i.e., during the existence of the Association. He afterwards selected three which he considered by far the most important, viz., (1) Anæsthetics, (2) Listerism, and (3) Resection of Joints and Osteotomy. He is an ardent follower of Lister, and set forth in a masterly way, the great success brought about in surgery by that mode of treatment. As a most striking instance he gave the hospital to which he himself belonged. The building was an old one not originally intended for a hospital, and without the modern improvements in ventilation, &c. It was also situated in a very unhealthy neighbourhood. Formerly pyæmia, erysipelas, and hospital gangrene were not at all uncommon, but since the adoption of the antiseptic treatment not a single patient, who had been accurately treated, had suffered from these diseases. He concluded a most eloquent address by an earnest appeal on behalf of vivisection, as a means for the advancement of surgical science. The speaker is a worthy son of a worthy sire. His father was the celebrated Dr. Stokes, of Dublin. It is quite impossible to give any idea of the thrilling eloquence and great beauty of many parts of the address. Your correspondent can only say that such eloquence and such beauty of diction he has never before heard

from any member of the profession, nor, in fact, from any one else.

The sectional meetings took place during the afternoon. In the pathological section, Mr. Jonathan Hutchinson read an excellent paper on the etiology of cancer, using that term in its broadest sense as synonymous with malignant disease. He gave three causes: (1) Local irritation, (2) Senility, (3) Hereditary transmission. Of the three he considered the first as by far the most important. He said that he had come to the conclusion that all cancers were at first local in their origin, and that they might afterwards become hereditary in character. He inculcated strongly the doctrine of a pre-cancerous stage, saying that many cases came to him when they were beyond hope. He is of opinion that cancers of the lips and tongue are, in nineteen out of twenty cases, the result of smoking. He gave this as the reason for the rarity of the disease in these situations in women. He also stated that the clinical character of a cancer depended largely on the tissue from which it originates. In this way he accounted for the difference in character between rodent ulcer and epithelioma of the lip, as one originated in different elements of the skin from that of the other.

Sir James Paget opened the discussion. He was inclined to give more importance to constitutional predisposition than Mr. Hutchinson. Mr. Thin followed, giving his opinion from the standpoint of the pathological histologist. He agreed in the main with Mr. Hutchinson. A number of microscopical specimens were exhibited, sections of granulation in sponge grafting were shown; also sections of some of the rarer forms of malignant growths.

In the medical section, Dr. Austin Flint, of New York, read a paper on the self-limited duration of pulmonary disease. He reported a number of cases of phthisis which had been restored to health without special treatment.

Dr. Williams read a paper on the contagion of phthisis, in which he opposed the general adoption of that theory. An exceedingly interesting discussion followed, in which Drs. Bennet, Balfour, and Clifford Albutt, took part. Most of the speakers attested to the

genuineness of the bacillus of Koch, and of its being peculiar to tuberculosis, but there was an unwillingness on the part of many to consider these bacteria as the real cause of the disease.

Dr. A. J. Harrison then read a paper on primary endocarditis. He thinks that both endo and pericarditis often exist as primary diseases without being diagnosed. Dr. Clifford Albutt agreed with Dr. Harrison in this particular.

To-morrow (Friday) sectional meetings will be held in the morning, and the business of the Association will close.

The social element of the meeting has been very prominent. An elaborate programme has been so far carried out with entire satisfaction to all. No doubt the entertainments yet to come will be quite as delightful as those already over. On Wednesday afternoon a luncheon was given in the Shire Hall, at which the bust of Sir Charles Hastings, the founder of the Association, was presented to the Mayor and Corporation of Worcester. On the evening of the same day the sacred oratorio, "The Creation," was given in the Cathedral. I might here state that the Cathedral which has but recently been restored is a noble structure. The screen and choir together with the pulpit, are perfect gems of art. On this (Thursday) evening the annual dinner took place. To-morrow a garden party will be given by the Earl and Countess Beauchamp, at Malvern. On Saturday arrangements have been made for several excursions; one to Stratford-on-Avon, Warwick, and Kenilworth, and another to Tintern Abbey.

In one of the business meetings there was a lively discussion concerning the Medical Council. The latter body appears to have almost as hard a time as its analogue in our country. Dissatisfaction was evinced, with regard to its constitution, and, of course, with regard to the examiners appointed. Discrimination was said to have been shown against certain schools. Perhaps we had best be contented with our Council in its present state, and be thankful that it is no worse.

Worcester, August 18, 1882.

*Punch's* Medical Student.—"What would you do, sir," asks *Punch*, "if you were called to see a man who had hung himself?" "I would cut him down." "Then what would you do?" "I would cut him up."

## TORONTO MEDICAL SOCIETY.

STATED MEETING, JUNE 15, 1882.

A. H. Wright, B.A., M.B., Vice-President, in the chair. Dr. Bray, President of the Medical Council, and Drs. Rosebrugh, Day, and McCargow, members of the Council, being present, were cordially welcomed by the Vice-President.

Dr. Zimmerman showed a young girl suffering from psoriasis guttata and nummularia. It was eight weeks since the disease began.

Dr. Oldright gave the following facts in connection with a case under his care: A lad, aged 18, rather overgrown, complained of pains of a rheumatic character; after ten days had an attack of pneumonia, and a few days later an acute pleuritis on left side. Shortly afterwards an endocardial murmur of a peculiar hissing character developed. The feet became cedematous, pulse irregular, and temperature varying from 100° to 103°. Urine gave reaction indicating coloring matter of bile. All these symptoms improved, but he has become sullen, listless, not answering when spoken to. Refuses food, so that recourse was had to the stomach pump.

Dr. Cameron thought two explanations might be offered for the nervous symptoms, either cedema of the brain or embolism of the terminal arteries of the brain.

Dr. Oldright thought cedema would cause dilated pupils and some apoplectic symptoms.

Dr. Cameron reported a case of popliteal aneurysm in a man aged 50, under his care at the Toronto General Hospital. The tumor was first noticed last December. Has increased in size steadily since; impulse and bruit distinct. During the last week treatment by flexion and instrumental compression alternately as they could be borne, has been tried, but with only partial success. Dr. C. had proposed applying an Esmarch bandage up to the hip, omitting the tumor, but a systolic cardiac murmur contraindicated the use of an anæsthetic. A second aneurysm was discovered in the lower part of the epigastric region. The increased blood pressure resulting from bandaging as proposed would affect this abdominal aneurysm injuriously. There were, therefore,

but two alternatives remaining, viz.: digital compression and ligation of the femoral artery.

Dr. McCargow suggested the use of the galvanic needle.

Dr. Macdonald advocated Iodide of potassium and rest.

Dr. Oldright deprecated such serious means as ligation until digital compression had been fairly tested, and related a case under his own care some years ago, of aneurysm of the lower part of the femoral cured by digital compression continued for eighteen hours by relays of students.

Dr. Zimmerman suggested passing a small trocar through the tumor, and through this introducing a horse hair to be left *in situ*.

Dr. Cameron then showed a cysto sarcoma of the testicle taken from a man aged 60. The tumor was fluctuating, though not transparent. On tapping, a quantity of hydrocele fluid, laden with cholesterine crystals, was removed, which became solid on boiling. The glands in both groins were enlarged. The testicle was removed some days ago; it was adherent to the tunica vaginalis at many points. The disease extended so far up the cord that it was thought best to ligate it *en masse* in order to remove as much as possible of it. The vessels were also torsioned separately.

Dr. Rosebrugh, Hamilton, gave a short account of several ovariectomy cases he had in his practice lately.

The Society then adjourned.

#### STATED MEETING, JUNE 29, 1882.

Dr. George Wright, President, in the chair.

Dr. Cameron showed a tumor taken from the side of the neck of a woman aged 70. Three years ago it was as large as a hen's egg, hard and freely movable, and was thought to be enchondromatous. She refused to have it removed. It subsequently became cystic, and as the cysts ruptured from time to time, considerable hæmorrhage occurred.

Also uterus and ovaries from a young girl who died from puerperal fever in the Lying-in-Hospital four days after delivery. The labor was natural, pulse and temperature normal. A few hours afterwards she had a severe chill, and temperature rose rapidly to 105°. Quinine

and morphia were given, but temperature could only be reduced to 103°. She sank rapidly. There was great abdominal distension, but no tenderness. Necropsy showed well-marked evidence of peritoneal inflammation, there being a considerable quantity of sero-purulent fluid in the abdominal cavity. The ovaries were much enlarged and suppurating, and the tubes blocked with pus—the left being more so than the right.

Dr. Oldright reported that the boy whose case he had brought before the Society at last meeting, began to take food a few days afterwards, spoke a little, but gradually sank and died. No *post-mortem*.

Dr. King reported a case of pernicious anæmia in a woman who died four months after the symptoms first appeared. She complained of nothing but debility. The pulse was usually under 100, and temperature somewhat elevated, 102½° being the highest recorded. He thought that the number of red corpuscles was decreased, but had made no proper examination of the blood.

Dr. Cameron drew attention to the statement of Dr. Fenwick, of London, that in many of these cases there was degeneration of the glands of the pyloric end of the stomach; in other cases disease, usually tubercular or cancerous, of the suprarenal capsules, or Bright's disease.

A general conversation on the treatment of anæmia, and the relative merits of the various preparations of iron in these cases, followed.

Dr. Riddel reported two cases of death from coma. In one there was pus in the descending horn of the lateral ventricle, and in the other a small clot in the right parietal region.

The Society then adjourned.

#### STATED MEETING JULY 13, 1882.

Dr. George Wright, President, in the chair.

Dr. Macdonald, in the absence of Dr. Temple, showed a uterus in which rupture had occurred during labor. The woman was a primipara, unmarried, aged 26, healthy. The labor began at 2 p.m. Saturday, July 8th. She was at once removed to the Hospital. The membranes were ruptured on her arrival. The pains were of moderate strength, and at 5 p.m., during a

somewhat more severe pain than those preceding, she felt something give way. The pains ceased, and some hemorrhage followed, with tenderness over the uterine tumor. Collapse gradually developed, and was marked at 10.30 p.m., when Dr. Temple, who was then summoned, arrived. Hæmorrhage was now profuse. On examination a rent was found in the anterior wall of the uterus through which the hand passed easily into the abdominal cavity. Ergot and ether were given hypodermatically, and the long forceps applied, but they slipped. Ether was then administered and delivery effected by turning, with some difficulty. The uterus responded but slightly to the stimuli used. The child was dead. The mother rallied somewhat after the effect of the anæsthetic passed off, but she soon began to sink, and died the following Monday morning, 37 hours after the rupture took place. A large quantity of the ergot (Fl. Ext.), 3v. of ether sulph. and brandy were given by hypodermic injection, as well as a large quantity of brandy by the mouth. The necropsy showed a ragged rent in the anterior wall of the uterus 7 inches long, extending from the juncture of the cervix with body on the left side downwards, and to the right to the os uteri.

Dr. Oldright showed a large fatty tumor removed from the forehead of a woman aged 65. Also a small fibroid polypus removed from the uterus on account of profuse persistent hæmorrhage.

Dr. McPhedran reported a case of railway accident.

Dr. Macdonald then read a long and interesting paper on menorrhagia and metrorrhagia, dealing with many of the causes and treatment.

A general discussion followed, in which all present took part.

After some general business the Society adjourned, not to meet again till the last Thursday in August.

NEW VACCINE ESTABLISHMENT.—Dr. E. L. Griffin, of Fond du Lac, Wisconsin, has removed his vaccine business to Chicago, Ill., (125 State St.) and a company has been formed to carry it on under the name of the NATIONAL UNION VACCINE CO.

## HURON MEDICAL ASSOCIATION.

The last regular quarterly meeting of the Huron Medical Association was held in Clinton, on Tuesday, July 18th, Dr. W. J. R. Holmes of Brussels, president, in the chair.

The following members were present: Drs. Holmes, Worthington, McLean, Taylor, Hyndman, Young, Sloan, Graham, Williams, Bethune, and Stewart.

Dr. Young, of Lonsboro, showed a man, aged 51, who has a malignant stricture of the rectum.

Dr. Taylor presented a man, age 55, who has milial stenosis with commencing degeneration of the heart. The organic heart changes in this case appear to have followed a pneumonia from which he suffered about nine months ago; at least there was no physical evidence of any valvular or mural changes during the progress of his pneumonia.

Dr. Stewart exhibited a man, age 35, who has well marked atrophy of the left scapular muscles. The case is one of *progressive muscular atrophy* commencing in the muscles of the left shoulder. The supra and infraspinati seem almost entirely gone. The deltoid is slightly affected. The disease is of two years standing. Lately he has had considerable pain about the right shoulder, but up to the present there is no wasting of any of the muscles in its neighborhood. The atrophied muscles, and in fact nearly all the voluntary both upper and lower extremities are the seat of fibrillary twitchings when percussed.

The treatment pursued in this case is the use of the Faradic current directly to the atrophied muscles. It has not as yet been used sufficiently long to say whether it is going to do any good or not.

Dr. Graham, of Brussels, related the particulars of a remarkable case which he recently saw. The patient is a girl aged 12. During her waking hours she only breathes six or seven times a minute. With each inspiration the epigastrium sinks in, and the shoulders are drawn upwards and forwards very forcibly. She has been breathing in this manner for six months. Sometime previously she was said to have had inflammation of the lungs. She is said to breathe naturally during sleep. She is otherwise perfectly healthy.

### Miscellaneous.

#### SIMPLE METHOD OF COUNTING RAPID PULSE.

—Dr. A. W. Abbott, of Minneapolis, advises in the *New York Medical Record* the following simple method of counting a pulse too rapid to be taken in the ordinary way: "During a definite part of a minute, one-fourth usually, with a common lead pencil dots are made upon a sheet of paper *synchronous with the heart beats*, as heard over the cardiac region. The dots are then counted, and the number calculated for the whole minute."

**DIAGNOSIS OF UTERINE DISEASE BY THE LARYNGOSCOPE.**—Dr. Seiler was consulted by a young girl with general relaxation of the mucous membrane of the throat, which he concluded to be due to uterine disease, for which he advised her to put herself under the treatment of her family physician, as local treatment of the throat would be of no use to her. Her reply was: "Doctor, if I had known that you could see all the way down I would not have come to you."—*Maryland Med. Jour.*

**TO TEST FOR IODINE IN THE URINE.**—After dressing wounds freely with iodoform, iodine frequently appears in the urine. The *Bulletin Générale de Thérapeutique* gives the following simple test: A little chloroform is added to the suspected urine in a test tube. One or two drops of nitric acid are added and the mixture shaken. Iodine will be set free, and dissolve in the chloroform, and be found in the bottom of the test tube, presenting a beautiful violet colour.—*N. Carolina Med. Jour.*

**POMADE IN COMEDO.**—*Unna.*—Kaolin, four parts; glycerine, three parts; acetic acid, two parts. Mix with or without a small quantity of etherized oil—apply the ointment every evening, and even during the day, keeping the eyes closed during the inunction. In a few days the comedones will be easily expelled, most of them by simple soap and pumice stone frictions. The same results may be obtained by long-continued paintings with vinegar, lemon juice, or dilute hydrochloric acid.—*L'Union Med.*

**INTESTINAL OBSTRUCTION RELIEVED BY MASSAGE.**—Dr. Bitterlin reports a case of intestinal occlusion accompanied with much pain, vomiting of fecaloid matter, hiccough continuing in spite of treatment for eight days, finally relieved by kneading and malaxation of the belly. The manipulation was very painful. Some instants after, violent colic came on and gurglings, the bowels shortly afterwards moved and the patient recovered. Dr. Bitterlin mentions a second case in which he was called in consultation, where the same treatment was followed by the same happy results.—*L'Union Medical.*

M. Littré found rest, of a sort, in Comtism; Charles Darwin found rest in the faith of nature's God; not the inner, reflected, receipt of the Deity, which M. Pasteur described as the "enthusiasm"—or God within,—but the Unknown, because undiscovered, God the cause and Creator, which the temple of Nature, as Darwin saw and worshipped in it, denotes and requires, wherein the innermost and most mysterious chamber is filled with a cloud that veils and yet reveals the Presence towards which the human consciousness in its abiding sense of incompleteness yearns. No more wonderful and inexplicable fact has challenged the scrutiny of thoughtful minds during the last twenty years than the failure to recognize that the postulate of evolution is creation. *Ex nihilo nihil fit*, or if any one regards that as a mere platitude, he cannot deny that to *evolve* any organism, however simple, from matter which has not previously been organized, is impossible. The primæval germ of nature is a necessity of the hypothesis of evolution. Charles Darwin felt this to be the fact, and he was *not* an Atheist, a Materialist, or an Unbeliever.—*London Lancet.*

A SHORT time ago Miss Frances Power Cobbe, who has so identified herself with the cause of anti-vivisection, called on a distinguished man of science in London to endeavor by persuasive speech and viva voce argument to gain him over to her cause. Three points were observable in Miss Cobbe's outward presentment, namely, she had an ostrich feather in her bonnet, a bird of paradise on or

near her muff, and she carried an ivory handled umbrella. Consequently the distinguished man of science replied as follows: "Madam, charity begins at home. When you have given up wearing ostrich feathers, which are plucked from the living bird, causing the most exquisite pain; and birds of paradise, which, in order to enhance their beauty and lustre, are skinned alive; when you have abjured the use of ivory, because you know that the tusks are cut out of the dying elephant's jaw—then, and then only, come and upbraid me with the cruelty of my operations. The difference between us is, madam, that I inflict pain in the pursuit of knowledge and for the ultimate benefit of my fellow creatures, you cause cruelty to be inflicted merely for your personal adornment."—*American Medical Weekly*.

#### THE USE OF NARCOTICS AND THE QUESTION OF RESPONSIBILITY.

The miserable but just fate of Lamson will not be altogether without its use if it convinces people who play with narcotics, whether alcohol or morphia, that they do so on their own responsibility. We may acknowledge the kindness of those who sought to found an argument for change of sentence on the abuse of morphia, but we cannot admire their wisdom. Where is such a doctrine to end? If it is to be accepted the law must take immediate charge of the thousands of people who are muddling their heads all day long with one poison or another—cocculus indicus, alcohol, morphia, bromides, chloral, and absinthe. The State will not at present forcibly compel the most incorrigible drunkard to abstain. Even some bishops prefer freedom to sobriety—if one can speak soberly of the freedom of an habitual drunkard. The clear doctrine for the present is—first, that men who use such things are responsible for using them, and for all that follows on their use; and, secondly, that in using them, the most predominant quality manifested is that of selfishness—a determination to have their sensations gratified, or their miseries drowned by what they know injures and impoverishes them, and all belonging to them.—*London Lancet*.

**RIPE AND HEALTHY OLD AGE.**—*Gaillards' Medical Journal*: A. Bronson Alcott has written all his poems since his eightieth birthday. Von Ranke, now eighty-six years of age, is writing his "History of the World." Whittier, over seventy, writes most of the morning, walks most of the afternoon, and often goes to a party in the evening. Longfellow, over seventy-five, read diligently, and collected material for future works! Oliver Wendell Holmes, over sixty, is bright, cheery, physically active, and mentally as strong and sprightly as ever. Walt Whitman, nearly sixty-four, the carpenter, printer and poet, the author of *The Leaves of Grass*, *Drum Taps*, and *The Two Rivulets*, is hard at work. Humboldt commenced the study of Hebrew at eighty. Victor Hugo, over eighty, is actively at work. Velpeau, clinician, teacher, practitioner, pathologist, working ten hours daily, made the time wherein to write and publish over eighty works, and died in harness. Von Graefe, whose clinic always lasted most of the day and on his practice far into the night, recorded his work every day. Sir James Y. Simpson, from whose doors the carriages of the nobility were turned away frequently, after vainly waiting to bring their occupants to the Doctor's door, wrote voluminously, held a daily Hospital Clinic, and lectured for an hour, three times weekly, etc., etc., and died in the midst of such labors, and yet many physicians, but little over fifty, say that they are too old to write, and are getting too old even to read. And many young men are too busy to write!!

#### Births, Marriages, and Deaths.

##### MARRIED.

On Saturday, the 19th inst., at 169 Jarvis Street, by the Rev. A. H. Baldwin, Henry Going, M.D., to Frances Mary, daughter of the late Rev. D. E. Blake, rector of Thornhill.

On the 9th August, at the Central Presbyterian Church, Galt, by the Rev. J. A. R. Dixon, J. H. Radford, M.D., C.M., of Galt, to Mary, eldest daughter of the late J. R. Philip, M.D., M.R.C.S., England.

At Glencairn, Queenston, on the 9th August, by the Rev. Stewart Houston, R. J. Trimble, Esq., M.D., L.R.C.P., M.R.C.S. Ed., &c., to Maude Stuart, fifth daughter of the late W. A. Thomson, Esq.

At All Saints' Church, Whitby, on August 17th, by the Rev. — Fiddler, Dr. P. H. Bryce, M.A., L.R.C.P. and S., Edinburgh, Secretary of the Provincial Board of Health, Toronto, to Kate Lynde, second daughter of William Pardon, Esq., Whitby. No cards.

At the residence of the bride's father, 339 Church Street, Toronto, by the Rev. John M. King, M.A., D.D., John Ferguson, M.A., M.D., L.R.C.P.S., Edin., to Sarah Helen, eldest daughter of William M. Baird, Esq. All of Toronto.

# THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

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TORONTO, OCTOBER, 1882.

## Original Communications.

### REPORT ON SURGERY.

(Read before the Canada Medical Assoc'n, Sept., 1882.)

BY FRANCIS J. SHEPHERD, M.D., C.M., M.R.C.S., ENG.

Demonstrator of Anatomy, and Lecturer on Operative and Minor Surgery, McGill University; Surgeon to Out-Patient Department, Montreal General Hospital.

MR. PRESIDENT AND GENTLEMEN,—I do not propose in this report to give an account of *all* the advances and discoveries made in surgery during the last twelve months, because I know from experience how tiresome and uninteresting such a recital of facts is. My intention is to touch on some of the more important and interesting points, so that they may serve as texts which may be elaborated in the discussion I hope will be aroused. The subjects I shall glance at will be as follows:—(1) Treatment of Wounds; (2) Cause of Inflammation; (3) Sponge Grafting and Bone Transplantation; (4) Surgery of the Kidney; (5) Treatment of Club-foot; (6) Surgery of the Joints. The list looks a formidable one, but remember that I only intend to furnish the texts, the sermons belonging to which I hope you yourselves will preach.

*The Treatment of Wounds.*—Within the last few years this subject has more than ever occupied the attention of surgeons, and has caused many acrimonious discussions. Old methods of treatment have been wholly discarded and new methods introduced, of greater or less value. Some of these are being constantly improved and modified, others flourish for a time, but when the *sum* of experience is turned

on them, like the seeds which fell on stony ground, they are scorched and wither away. At the present time, all methods, however much they differ in detail, aim at keeping wounds aseptic, and are in fact antiseptic methods of treatment. Listerism is only a phase of antisepticism, and does not differ as much from other methods as one would at first sight imagine. The great difference consists in the more gorgeous ritual and its obscuration by the clouds of incense (in the form of carbolic spray) which ascend heavenward as a propitiatory sacrifice to the great *Æsculapius*. The fundamental principles are, however, the same, viz.: cleanliness, asepticity, rest, support, and the accurate adjustment of cut surfaces; and to Mr. Lister principally we owe the universal recognition of the truth of these principles. He, in fact, by dwelling on their importance and evidencing their truth by the success of his own practice, has revolutionized the surgical treatment of wounds. He has shown that suppuration and the septic condition it leads to may be prevented. He has taught surgeons the necessity of thoroughly cleansing and disinfecting their instruments and hands before operation. At the International Congress held in London, the subject of the treatment of wounds was one of the most important that engaged the attention of the surgical section. From the papers read and the discussion which followed their reading, it was easily seen that the belief in the carbolic spray was on the wane, and that it was desirable that some form of dressing less complicated than Listerism should be employed. Mr. Lister himself spoke in qualified terms of the spray, and hoped at some future time to be

able to say "*fort mit dem Spray*." Professor Esmarch's wonderful statistics aided greatly in confirming the confidence of surgeons in rest, support, and infrequent dressings. Much evidence was offered, and many opinions were given which supported the views of Mr. Sampson Gamgee as to a dry form of antiseptic dressing. Since the Congress the dry method of treating wounds with infrequent dressings has made wonderful strides, and bids fair to supplant Listerism as a form of antiseptic treatment. Under dry dressings, wounds heal much more rapidly than under moist warmth, which encourages putrefaction. Iodoform dressings have been most generally used in Germany, but so recklessly that many cases of poisoning from it have been recorded. As much as 7 to 8 ounces have been stuffed into abscesses and excised joints at one time. No case of poisoning has been reported from Germany where less than 3 drachms was used. Wherever possible I have employed the dry form of dressing, and I think with success. My method of dressing a fresh wound (for which I claim no originality) is as follows: After all bleeding has stopped, and the wound has been accurately closed by cat-gut ligatures, and when necessary by wire ones in addition, I sprinkle over the wound a little iodoform, cover this with a strip of oil silk (to prevent adherence of the wool), and then over all place a pad of boracic cotton. This is kept in place by an accurately adjusted gauze bandage, which must be evenly and firmly applied, so as to get the amount of elastic pressure required. If necessary, as in a limb, a paste-board or other light splint (well padded) is applied. If the parts can be accurately adjusted by pressure, drainage is not required. The wound, if the patient complains of no discomfort, should not be disturbed for a week or more. When the dressing is taken down, the wound is generally found to be nearly or quite healed. In foul ulcers, this method I have found superior to every other. In some cases of accident, where the tissue is lost, or so much injured as to be beyond repair, I have generally employed the moist form of dressing till the slough has separated. Of late I have been using a solution of boroglyceride, as recommended by Mr.

Barwell. This antiseptic, as far as my experience goes, is superior to carbolic acid. It has no odour, and is perfectly innocuous.

With regard to *Inflammation*, and its connection with septic organisms. The theory that you are no doubt most familiar with is that inflammation is due to the introduction of atmospheric germs into damaged tissue, and that if this introduction be prevented, the wound heals without inflammation. Prof. Hueter, Mr. Lister, Mr. Watson Cheyne, and others, have been the most able and efficient advocates of this view. There is, however, another, and I think a more probable explanation of the origin and spread of inflammation, of which Dr. Burdon Sanderson has lately in his Lumleian Lectures given a clear and convincing account, viz., that "inflammation is the physiological effect of traumatism"; that the exudates of a normal inflammation are not infective; that no inflammation-producing organisms exist in the atmosphere; that whenever inflammation becomes infective it owes that property to chemical change in the exudation liquid which, in absence of any other better explanation, we attribute to the presence of septic organisms or bacteria or, in other words, exudative fluids which are infective owe that property to the exudative soil in which the germs grow, and that atmospheric germs are not *per se* a source of danger. Dr. Sanderson says these germs are not so much mischief-makers as mischief-spreaders—they have the power of developing what he calls a phlogogenic infection, and of conveying it to all parts of the body. I do not propose to discuss this question, but merely place it before you as a subject for discussion, in its bearing on antiseptic surgery. Before passing on to another subject, I should like to draw your attention to some recent experiments by Dr. D. J. Hamilton on *Sponge Grafting*, and their bearing on surgery. Dr. Hamilton some years ago showed that the vessels of a granulating surface are not newly formed, but are simply the superficial capillaries of the part that have become displaced: that the granulation loops are thrown up by the propelling action of the heart. Whilst pursuing these investigations, Mr. Hamilton was struck with the similarity



of the process of vascularization, as seen on a granulating surface, and that which occurs when blood-clot or fibrinous exudation is replaced by vascular cicatricial tissue. He states that blood-clot or fibrinous lymph plays merely a mechanical and passive part in any situation, and that vascularization is not due to the formation of new vessels, but rather to a displacement and pushing inwards of the blood-vessels of the surrounding tissues. He looks upon blood-clot and fibrinous exudation as so much dead matter, which affords merely a framework for the capillaries to ramify in, and proves that it is so by employing sponge to replace it. This sponge is prepared in a special way, and when placed on old ulcers he succeeded in organizing it—or rather filling its interstices with blood-vessels and cicatricial tissue, the sponge in the meantime disappearing by absorption. Many other experiments were made which fully proved his theory. Dr. Hamilton noted a significant phenomenon, supporting the theory that blood-vessels were pushed into the sponge in loops, when the convexity of a loop came in contact with the sponge framework, instead of one of its pores, a curvature formed on the vessel at the opposing point, and on each side of the obstacle there was pushed a secondary loop similar to that from which both had arisen. These blood-vessels, according to Mr. H., bear with them great numbers of the actively proliferating connective tissue corpuscles from neighboring connective tissue, and these, and not the leucocytes, are the tissue-forming cells. Sponge Grafting, he says, is excellently suited for growing new tissue where that is insufficient to cover a part. Instead of sponge, charcoal or calcined bone might be employed in certain cases, as, for instance, where the formation of new bone is needed.

The *Transplantation of Bone* has been successfully accomplished both by Dr. MacEwen, of Glasgow, and Mr. McNamara, of Westminster Hospital, London. They had been pursuing their investigations on this subject at the same time, unknown to one another. Dr. MacEwen placed his case first before the public. He remade a humerus which had been destroyed by necrosis, by placing small fragments of bone

(removed from patients with curved tibiae) in a groove made in the soft tissues in the position of the humerus. Mr. McNamara successfully replaced a tibia which had become deficient from acute necrosis. He used portions of bone from an amputated metatarsus. The necessity for transplanting bone is necessarily rare, as nature is so skilful in the repair of bone, that the interference of the surgeon is seldom needed. These experiments carry out Mr. Hamilton's theory of organization, and are interesting from a surgical point of view.

The surgeon looks upon no organ or region now as sacred. Operations are at present daily performed successfully which, if even suggested a few years ago, the suggester would have been looked upon as mad. The lung has been partially excised, the liver has been cut into, and parts of it removed successfully. The whole stomach has been excised, and the oesophagus stitched to the duodenum, and many feet of intestines have been taken away, and the cut ends stitched together, patients making good recoveries. The renewed attempts at removal of the spleen have not been so successful as of old, but the whole uterus has been excised, even when pregnant, and the patient has survived, but this now belongs to the realm of gynaecology. The surgery of the organ which I am going to notice has, as yet, escaped the upward tendency of the gynaecologist, but how long it will remain in the domain of pure surgery I know not, as already one of its dependencies (the bladder) has been annexed in the female.

The *Surgery of the Kidney* has greatly engaged the attention of surgeons during the last twelve months. At the International Congress it was the subject of several papers, and caused much interesting discussion. Since then it has occupied considerable space in the Medical Journals, and the operations of nephro-lithotomy; nephrotomy, and nephrectomy have become recognized operations. It has been established beyond doubt that *nephro-lithotomy* is a most successful operation in properly selected cases, viz., where the stone is of moderate size and single, and the kidney has not become disorganized. It is a most scientific procedure to perform this operation where stone has been

certainly diagnosed by needle exploration, or where the pain and other symptoms lead one to believe there is a stone present. If left, the stone is certain to disorganize the kidney, cause much suffering, and probably death. The operation of incising the kidney (*nephrotomy*) has not proved a dangerous one, and it has been frequently demonstrated that the kidney can be easily explored through a lumbar incision, and even cut into with great safety. In cases of strumous or calculous pyelitis, the sacculated kidney can be drained through a wound in the loin and the patient freed from the danger and pain of retained matter. Nephrotomy, as an operation, is merely palliative, and, nephrectomy, or removal of the kidney, is a much more formidable operation than the foregoing. The dangers are greater, and many cases have been followed by suppression of urine. It has also proved fatal from hæmorrhage, and wounds of neighbouring organs, as lung and pleuræ. As yet it has not been positively determined in what cases, or at what period, it should be performed. It has been done for tumour, cancerous diseases, and strumous and calculous pyelitis. It is a question whether before nephrectomy is performed, a preliminary nephrotomy should not be tried. Now the loin is the most favourable position for nephrotomy and, perhaps, the most difficult incision for nephrectomy, so this would be an objection. Some hold that if a preliminary nephrotomy is performed, it much increases the difficulty of a subsequent nephrectomy. Again, it is important, in considering the advisability of performing nephrectomy, to find out whether the pyelitis is confined to one kidney, or, rather, whether the other kidney is healthy. Strumous pyelitis is rarely confined to one kidney, and, therefore, excision of the kidney must be a defective operation, as the pyelitis is only a small part of a general disease.

Th. Gluck has lately suggested a method of pointing out which kidney is diseased. He advises cutting down on the ureter of the supposed morbid kidney, and obliterating its lumen with ligature or clamp. A solution of some salt, rapidly excreted by the kidneys, is then injected subcutaneously, and its presence

after a short time ascertained in the urine by means of tests; if none is found, then the other kidney is diseased, and the ligature should be removed and the wound sewed up; but if found readily, the operation of excision is proceeded with.

These are some of the difficulties in the way which make one hesitate to perform nephrectomy. Having, however, decided on the operation, which is the best incision, through the loin or abdomen? Certainly the abdominal incision gives the operator more room, and the surgeon sees what he is doing. Removal through an incision in the loin is very difficult, especially the ligaturing of the vessels entering the pelvis of the kidney, besides, in some people, the distance between the last rib and crest of the ilium is very short; in these cases, of course, the 12th rib has to be excised, or a T incision made, both of which procedures increase the risk of the operation. The only objection to the abdominal incision is that two layers of peritoneum are wounded; but now-a-days we are not so fearful of wounding that structure as formerly. I leave the further discussion to you as to when and how we should perform nephrectomy.

*Treatment of Club-foot.*—As long as these deformities occur, so long will the remedying of them engage the attention of the surgeon. Ordinary simple cases may be successfully treated by bandaging and manipulating, or the use of elastic springs. More severe cases by tenotomy, and afterwards with the proper apparatus, plaster-of-Paris, splints, &c. I should like to hear from the members of this Association their opinion as to the performance of tenotomy, whether, for instance, in a case of talipes equino-varus (the most common form of club-foot), the tibial muscles and tendo-Achillis should be cut at the same time, or whether two operations should be made of the tenotomy. I feel inclined to favour the latter method, following in the lines of the older authorities,—first, to remove talipes varus by tenotomy, and after application of a splint, and later on, say in two or three weeks, to cut the tendo-Achillis, and place the foot in good position in a plaster boot or Scarpa's shoe. It seems to me that if the operation be thus performed in stages, the

necessity for the more severe operations may often be avoided. I should also like to hear the opinion of the members as to the tendency to relapse. In my limited experience this tendency is great, if the after treatment by manipulation and splint is not for a long period continued.

Mr. Davy, of London, advocates in severe cases with tendency to relapse after tenotomy, that a wedge-shaped block of the tarsal arch should be removed by a fine saw or chisel; the base of the wedge is outwards, inwards, or upwards, according to where there is the greatest deformity.

Dr. Phelps, of Chateaugay, N. Y., has lately introduced a new operation for club-foot. He makes an incision across the sole of the foot, and divides all the resisting structures down to the bones. The foot is then brought into position on a special splint, and the wound left open. By brushing a stick of nitrate of silver through the bottom of the wound the granulations are prevented from springing up too rapidly, and the wound is induced to heal from the sides, and so contraction is avoided. I am afraid that I have already almost exhausted your patience, and so shall conclude this report by touching lightly on the *Surgery of the Joints*. Now-a-days, joints are opened fearlessly, and often recklessly and unnecessarily. This, no doubt, is due to the success of antisepticism. At the International Congress this subject was very fully discussed, and the feeling among English surgeons, at any rate, was that most cases of joint disease could be cured by rest. They deprecated the early excision which was advised by continental surgeons, and thought excision should only be resorted to in extreme cases, and that in private practice it was rarely necessary. Since the Congress, a method of treating diseased joints by *Erasion* has come into vogue. Where the disease is confined to the synovial membrane, an incision is made in the side of the joint, an instrument introduced, and the diseased parts of the synovial membrane scraped away. The wound is then stitched up and a drainage tube inserted. Cases are reported where, after healing of the wound, passive movement was commenced, and the patients re-

covered, with easily-movable and almost perfect joints. Where the disease commences in the bone, trephining and scraping out the diseased bone has been successfully accomplished, the patients recovering with perfect joints.

König, of Göttingen, in a paper on the tuberculosis of bone and joints, says the synovial membrane is rarely the primary seat of disease in tuberculosis cases, and that not even in the most favourable cases can any cure be expected from any therapeutical measure short of a surgical operation. The surgeon should aim at removing the primary morbid deposit in the bone, and then extirpate the diseased parts of the synovial membrane. In his after treatment he finds Iodoform of the greatest service. In cases where it is used the discharge is usually scanty, and the first antiseptic dressing may remain on for many days. He lays great stress on the point that the disease in the articular ends of bones should be removed before the joint is affected, and where it has already reached the joint, if the joint is opened early, the disease may be removed before the synovial membrane is affected.

I know that our worthy President is rather sceptical about these cases, and so great has been his success with excision, of the knee especially, that he prefers to adhere to the practice for which he is so well known. I merely present these methods of treatment to you for discussion, trusting that some new light may be thrown on the subject.

And now, Mr. President and gentlemen, I have come to the end of the subjects I proposed in the beginning of the report to touch upon. I feel that I have but poorly accomplished the task I set myself to do; still, I shall feel amply satisfied if you, with your matured wisdom and experience, will add your quota to the knowledge we already have of these subjects.

Dr. Frisch, in *Wien. Med. Woch.*, on the cause of "chronic thickening of the mucous membrane of the nose," states that in twelve examples which he examined, staff-like bacteria were found. These organisms penetrated the cells of the lining membrane, and in this way excited persistent inflammation.

### REPORT OF THE COMMITTEE ON MEDICINE FOR 1881-82.

(Read before the Canada Medical Assoc., June 8, 1882.)

Two events have occurred during the past year which will cause it to be long remembered by the medical world. The first is the meeting of the International Congress in London last summer, and the second—and in many respects the more important—the recent publication of the discoveries in tuberculosis made by Koch, of Berlin. With regard to the Medical Congress, little will be said more than that in every respect it was a grand success, worthy of the city in which it was held, and of the men who most actively promoted the scheme. The reports of the Medical Department alone are altogether too voluminous to be epitomized, and your Committee can only refer the members of this Association to the volumes already published, being assured that they will well repay perusal.

In this paper, however, the reader will confine himself to the second great event of the year, viz., Koch's discoveries in tuberculosis, preferring to trace the progress of our knowledge with regard to one disease, rather than to go over the whole field of medicine. In our opinion the latter is given so fully in the annual reports of the MEDICAL JOURNAL as to render the reiteration unnecessary.

Tuberculosis is a disease which for many reasons is well worthy of our attention. It is by far the most fatal of all, not excluding cholera or plague. From statistics it has been shown that one-seventh of the world's mortality is due to it. Any new light, then, which may be thrown on its causation, or any new points as to treatment, are hailed with satisfaction by the practising physician.

In order to obtain a more correct idea of the present state of our knowledge, it is necessary to make a study of the literature of the disease from the beginning. To do this, one might begin with Lænnec, whose treatise is a very remarkable one, considering the slim advantages he possessed compared with the pathologists of the present day. Many of his ideas, which for years had been departed from, have again been accepted, an ample proof of their correctness.

He included under the head of tubercle both the grey miliary bodies and the yellow cheesy matter, the result of inflammatory exudation, thus giving two forms of tubercle, the grey and the yellow.

Virchow, who commenced his investigations of the disease in 1850, limited the true tubercle to the grey miliary bodies, considering the yellow masses to be simply the result of a peculiar transformation of an inflammatory exudation. According to his teaching, in the earliest stages the tubercle is a small body, about the size of a pin's head, composed of lymphoid cells in a very fine stroma. This body unites with others to form nodules the size of millet seeds. These latter shortly undergo a peculiar form of degeneration which he styled caseation. This process is marked first by a drying, and afterwards a fatty, change. This is speedily followed by necrosis and softening. Other morbid conditions exhibit the form of degeneration as simple inflammation, carcinoma, &c. In none, however, does it occur so constantly or come on so early as in tuberculosis.

Our present ideas of tubercle do not materially differ from those of Virchow, except that in the centre of tubercles large epithelioid cells have been discovered, which are called giant cells. Our knowledge, then, of the pathological histology of this condition may be summed up as follows:—Tubercles are small nodules, the result of an inflammatory process, which are made up of giant cells surrounded by lymphoid cells contained in a very fine stroma. These bodies present the peculiar characteristic of early caseation. When we combine the two characteristics, first, that of possessing giant cells, and, second, early caseation, we have a form of disease which differs from any other, although either characteristic may be shown to a greater or less extent in other morbid conditions.

We will now pass on from the minute morbid anatomy to the etiology of tuberculosis.

Several years ago Villenin established by experiment the fact that lower animals when infected by tuberculous matter would themselves suffer and die from tuberculosis.

I need not give the experiments in detail, as

they are no doubt familiar to most of you. It was demonstrated (1) that infection could thus be carried; (2) that the disease always followed the natural channels, affecting first parts near the point operated on; (3) that tubercular matter produced the same result, no matter from what organ or part of the body it was taken, whether from the lung, liver, testicle, &c.; (4) all animals were not equally susceptible—Guinea pigs and rabbits were easily affected, dogs, on the other hand, with difficulty; (5) the infection was successfully carried in several different ways—by inoculation, by the breath, and by feeding.

Prof. Cohnheim, in an address published in 1880 on tuberculosis, from the standpoint of the contagion theory, proceeds to explain the many forms of the disease found in the human subject according to this doctrine. In adults, the lungs are the organs by far the most frequently affected primarily. The virus in minute particles is easily breathed in. In children, the bowels are most frequently affected, a fact which is probably owing to the presence of the virus in the food, perhaps in the milk of affected cattle.

The spread of the disease from one organ to another is also an evidence of the presence of virus. For instance, the lungs are first affected, then the bronchial glands, then the larynx is attacked from the infected matter passing over it. The pharynx follows in order. The œsophagus escapes as the matter passes through with rapidity into the stomach. The latter organ escapes, owing to the antiseptic character of the gastric juice. When, however, a catarrh of the stomach takes place from the presence of so much irritating matter, the gastric juice loses its properties, and the virus passes through into the intestine, affecting first the mucous membrane and afterwards the neighbouring lymphatic glands and the peritoneum. There is no doubt but that the virus can also be carried by the blood to distant organs, the brain, for instance.

There are many points in connection with the hereditary character of tuberculosis, and of the manner in which the disease may remain dormant in the system, which might at first present serious difficulties to the doctrine of

contagion. When, however, one compares the disease with syphilis, which is accepted on all hands to be contagious, many of these difficulties disappear. In the same way as the virus of syphilis is carried over from one generation to the next, may not the virus of tuberculosis be so carried, through the semen or ovum? As syphilis may be apparently cured, and suddenly break out again after years of freedom from it, does not tuberculosis also remain dormant, and from some sudden irritation again commence its ravages?

The very sudden outbreak of tuberculosis by which patients are sometimes carried off in a few days or weeks, is in all probability produced by the virus passing into the general circulation, from some caseous gland in which it may have existed for years. The writer has himself recently seen a case of tuberculosis in which the patient was carried off after nine days' illness, and in which almost every organ of the body was found to be affected with tubercle. An old caseous gland was discovered near the root of the lung, which had no doubt been for months or years in existence.

When it is considered that Prof. Cohnheim collected and gave to the profession all these facts and inferences in an address made over two years ago, an address in which he prophesied the certain discovery of the virus, one is not surprised that the whole medical world should be moved with the deepest interest when Koch, of Berlin, demonstrated the presence of the bacteria, which, according to his ideas, are the cause of the disease. He, after two years of the most painstaking work, succeeded by a certain process of staining in bringing into view certain bacteria, which he could only find in tubercular tissue or sputa, and which he could readily distinguish from all other forms of bacteria. These bacilli, which will be demonstrated to you, are small rod-like bodies, about a third the length of the diameter of a blood corpuscle, and have a curved shape. They appear to be made up of spores.

Koch, in his investigation of tuberculosis, in both men and animals, scarcely ever failed to find the bacilli. He found them both in cases where the disease was produced by infection,

and also where the disease was, so to speak, of spontaneous origin.

He made also experiments in which he inoculated animals with bacilli which he had cultivated in serum. The disease was produced in the same way as in his previous cases. It is not necessary to go further into the details of this paper, as you no doubt have all read it. One cannot read it without being convinced that if he has made no mistake in his manipulation, he has discovered the real cause of the disease. That he has made such a mistake is not likely, as he is a most careful and painstaking enquirer. He has spent eight years in the investigation of bacteria, the last two of which were entirely devoted to the pathology of tuberculosis.

Since the appearance of his paper in the *Berliner Klinische Wochenschrift*, the attention of pathologists throughout Germany has been directed to this subject. Baumgarten, of Koenigsberg, claims to have made the discovery before the publication of Koch's paper. He made a number of experiments which forced him to the conclusion that the disease was infectious, and that the real cause could be discovered. Not the least interesting are the experiments in which he infected animals with a number of fluids, as ordinary pus, fluid of sarcomata, and carcinomata, decomposed pus, old dried blood, &c., without in any case producing tuberculosis. Ehrlich has in his investigations instituted a method of staining much simpler than that of Koch, and quite as effective. Take a test tube half filled with distilled water, add to it aniline oil until there is a slight cloudiness, then filter. To the filtered solution add fuchsine, an aniline colour, until there is a slight cloudiness. Care must be taken not to add too much fuchsine, as the liquid will become clear again. In this way the colouring fluid is made. Now take some tubercular sputa, place a small drop on a cover glass, press another cover glass over it, so as to leave only a thin layer, and allow them to dry. When dry, pass them through a Bunsen flame, and place them with the sputa side downwards in the colouring fluid, and allow them to remain in a half an hour in a warm temperature. If the solution is cold, the glasses must be

allowed to remain much longer. Now take them out and pass them through a solution of nitric acid in proportion of ten to twenty-six, wash out with water, dry, and mount in Canada balsam. I am indebted to Dr. Councilman, of Baltimore, for the minute particulars under whose direction, in Prof. Chiari's laboratory, the reader of this report has several times made the experiment. The rationale of the process is as follows:—(1). The heating in Bunsen flame fixes the albumen on the glass, so that it is not removed by repeated washings. (2). After the staining, it is passed through a nitric acid solution, so as to decolorize the surrounding elements. The bacilli appear to retain the staining notwithstanding the strong acid. In this way one can almost always find bacilli in tubercular sputa, and they are never found in that of any other disease. As a means of diagnosis this may be a matter of great importance. There have been instances in which bacilli were found in the sputa of persons supposed to be suffering from typhoid fever, but when the *post-mortem* was made they were shown to have died of miliary tuberculosis. In our opinion, many cases have been put down as typhoid which have really been tubercular.

After describing the discovery of these germs, and the manner in which they appear to convey the disease, Koch goes on to explain the phenomena of tuberculosis according to this theory. That the disease appears so frequently in the lungs is readily explained, as the germs are easily taken in in respiration. These bacteria appear to be effective in producing the disease after long exposure. Koch succeeded in producing the disease by the inoculation of sputa four weeks' old. Patients are not easily affected when the epithelium is intact, but when erosions or congestions take place, the germs find a ready entrance into the body. In children the bowels are most frequently affected, on account of the contagious matter introduced with the food. It is difficult to explain the hereditary nature of the disease by means of this theory. It is quite possible that individuals born with a weak constitution, and possessing a tendency to low inflammation, and cheesy degeneration, should be very susceptible

to the virus of tuberculosis. The caseous matter appears to be an excellent nucleus for the development of bacteria. It is difficult to say whether the virus in some different form might not be carried over from one generation to another through the ovum or semen, in the same way as in syphilis.

From the experiments made, there is no doubt that bacteria exist in tuberculosis. So far as yet known they do not exist in any other form of disease. That they are the cause of the disease seems probable. No authority has yet been able to contradict Koch's assertion. In fact, the results of the investigations so far go still more strongly to confirm it. If after thorough investigation it should be finally confirmed, a great advance will be made towards the prevention of this frequent and fatal disease.

#### ANTISEPTIC TREATMENT OF PHTHISIS.

(Read before the Ontario Medical Assoc., June 8, 1882.)

BY D. L. PHILIP, M.D., C.M., BRANTFORD, ONT.

Phthisis is now being treated, with reported success, by the continuous inhalation of the vapour of carbolic acid or other antiseptic agents, by means of an almost constantly-worn respirator.

"It is fair to infer," says the *British Medical Journal*, "that the application to internal suppurating surfaces of an agent which has been used in similar cases externally with such benefit, will be equally efficacious in checking the growth and development of morbid germs, and thus allowing tissues to be reconstructed."

Recent researches on tubercular disease, and the nature of tubercle, have excited great attention, and the teachings of some of the German pathologists, notably Virchow, are subversive of what we have been taught regarding its existence, and especially with regard to the relation which it sustains to inflammatory processes, some of the leading pathologists maintaining the view that the inflammatory process is primary to tubercle, and utterly denying the tubercular nature of many of the processes engaged in phthisis

pulmonalis. Without attempting to give the views recently enunciated by them in this extensive field of enquiry, I would like to draw the attention of the Association to a comparatively new method of treatment with which general practitioners are more immediately concerned, and which has been used during the past two years, with a considerable degree of success, by Dr. McKenzie, of Edinburgh, Dr. Williams, of London, and others. They were probably led to adopt this method of treatment from the views recently set forth as to the septic and eminently contagious character of tubercle,—I allude to the inhalation of the vapour of carbolic acid or other antiseptic agents for lengthened periods, as practised by Dr. McKenzie with apparently highly beneficial results. The inhalation of vapours in lung diseases has long been practised, but the mode of administration has been so defective that the practice has to a great extent fallen into disuse. It has also been adopted by advertising charlatans in an imperfect way, and has thus helped to bring it into undeserved disrepute with the profession. It is now, however, as a rational method of treatment extensively employed by leading and eminent medical men with no doubt the happiest results.

Late investigation goes to show that phthisis pulmonalis is eminently contagious, and may be propagated by direct infection from man to man.

Dr. Reich observed "in the Village of Neienburgh, situated on a high bluff of the Rhine, and enjoying excellent hygienic conditions, from July 11th, 1876, till Sept. 29th, 1877, ten deaths from tubercular meningitis in children born between April 4th, 1876, and May 6th, 1877. No hereditary disposition could be established. All these children were attended by the same midwife, suffering from lung disease (caverns, and sanio purulent sputa). She died July 23rd, 1877. She had the bad habit when a child was born of removing the phlegm from the respiratory passages by aspiration with her mouth, and in alight cases of asphyxia of blowing air into the child's mouth."

Schuler, of Griefswald, has proved that animals in which artificial tuberculosis has been induced by injection, die without exception,

with the usual phthisical symptoms, viz., emaciation, loss of heat, and afterwards general miliary tuberculosis. Amongst others who have given the weight of their authority to the belief that tuberculosis is contagious are Mr. Simon and Dr. Greenfield, such contagion being frequently spread by the milk of high-class cows, which are very subject to the disease. It is important to note that whilst the lower animals may communicate the disease to man, man may in return infect the lower animals. In proof of this, is the case recorded by Dr. Cullimore (*British Medical Journal*, May 22, 1880), where a strong healthy dog lapped up the sputum of a tuberculous man, and died in a short time of pulmonary phthisis. In connection with this must be mentioned the spread of infection within the same individual from one organ to another. Virchow maintained that tuberculosis spreads from organ to organ as if by infection. The tubercular virus enters the organism most commonly through the air passages, and thus in the first instance is capable of favoring pulmonary tuberculosis. From here it spreads on to the bronchial glands, and further enters the general system, or by swallowing of tuberculous sputa produces secondary tuberculosis in the intestines, mesenteric glands, &c. Or the virus enters primarily through the digestive organs with the food, notably the intestine, and from here the infection spreads on to the mesenteric glands, peritoneum, and, further, the general system.

Dr. Pollock, Senior Physician to the Hospital for Diseases of the Chest, Brompton, in writing upon phthisis in relation to modern pathology, says:—"Tubercle is, then, not an essential element in the disease, but where found, is a secondary superadded result arising from infection, or the resorption of inflammatory results in the individuals themselves. Tubercle is a short-lived product, arising from inflammatory residues which have undergone degeneration—caseation—and been conveyed into the system, or to distant parts of the lungs or other organs, by the blood-vessels and lymphatics, or even directly by the air-tubes. Tubercle probably lives but some weeks or months, but the changes in the lung formerly ascribed to tubercle may last for years." Charcot, in his

study of the thermometry of the disease, says: "The thermic curves are not those of inflammatory action, but of putrid infection, and in the pyrexial form of phthisis the exacerbation (of temperature) is due, not to a pneumonic process, but to resorption of softened material."

With these considerations in view, the practical part of the question, viz., treatment, may be considered, and if we regard phthisis as a disease of a septic parasitic origin, and readily infectious, as modern pathological research would lead us to believe, then the antiseptic treatment is a highly rational one. And indeed the success already met with in the treatment of certain forms of phthisis by this method, by Dr. McKenzie, Dr. Yeo, Dr. Coghill, and others, should secure for it respectful consideration and an extensive trial. In order to carry it out effectually, Dr. McKenzie has devised a very ingenious little instrument, which he calls the *naso oral respirator*, which covers both the mouth and nose, and can be worn for hours at a time without the least inconvenience. The perforated lid upon the lower part of the instrument can be removed at pleasure, and a sponge saturated with carbolic acid, creasote, or other volatile antiseptic agents, placed within. The air in the respiratory process passes through the sponge saturated with the vapor. It is provided with inspiratory and expiratory valves, and is not liable to get out of order.

The following are the brief notes of a case which I have recently treated by this method: Miss S., age 24, of good family history, consulted me about six months ago, complaining of general debility, cough which had been troubling her for some time, slight progressive emaciation, loss of appetite, shortness of breath upon exertion, &c. I did not make any physical examination of the chest at the time, but prescribed for her cod-liver oil with hypophosphites, which she continued to use for some weeks with benefit. I did not see her again until the 2nd Sept. last, when I was sent for, as she had on that morning an alarming hæmoptysis. She must have got up fully a pint of blood. I at once ordered her to bed, enjoined perfect quietude, and gave her fluid extract ergot and iced drinks. Upon visiting



her the same evening I found that the sputum had been occasionally tinged with blood. Pulse 112, temperature 102. Upon examination of the chest I found a diffused crepitant *râle* over the left apex, which led me to infer that the hæmorrhage had come from this portion of the lung. The history of the case for the next fortnight was unfavorable—afternoon exacerbations off ever, cough troublesome, sputa now and then tinged with blood. I now caused her to inhale, as continuously as possible, the vapor of carbolic acid and creosote, equal parts, by means of the respirator, which I had some time since procured from Edinburgh, and after the manner prescribed by Dr. McKenzie. On an average, she continued to use it from eight to ten hours a day for the next two months, with, I think, markedly beneficial results. Her improvement appeared to go on from the period when she began using it, and at the present time, though not strong nor robust, she is in a better condition of health than she was formerly—appetite good, very little cough, and the only abnormality I can detect upon auscultation is a slightly prolonged expiration over the left apex. She can take a good long walk without fatigue, and says she feels better than she has done for months back. She still continues to use it for a couple of hours morning and evening each day. The antiseptic treatment is, of course, to be employed with appropriate constitutional remedies. In this case, however, I used none, partly because she had previously taken a considerable quantity of cod-liver oil, and had a very decided aversion to its use in any form, and I also wished to observe the effect of the antiseptic *per se*.

Whether the beneficial effect resulting from the inhalation of these antiseptic vapours is due to its destructive action upon the germs to which the formation of pus is attributed, or to its action as a preventative of septic poisoning from the local centres in the lungs, it is evident that their use has a decidedly curative action in diminishing expectoration, and with it the cough in the various forms of phthisis, during the resolution of pneumonia, and in the purulent stages of bronchitis.

Should the employment of the antiseptic be local or constitutional? Dr. McKenzie says:

"My therapeutical experience leads me to believe that, as shown by Matthews Duncan to be the case in some examples of puerperal fever, it is more frequently a condition of *sapremia* than *pyemia*, which obtains in phthisis; that the toxemia is rather attributable to the chemical factors which putrefaction engenders than to the presence of micrococci in the tissues and blood. I, therefore, think that it is only by the local application of the antiseptic that good results can be obtained.

### TUBERCULOSIS.

W. H. AIKINS, M.D., L.R.C.P., LOND., VIENNA.

(The following cases have been reported by Dr. W. H. Aikins from Prof. Chiari's Laboratory, Vienna. The first is not an unusual instance of confirmation of the clinical diagnosis by the absence of bacilli. In the second, the presence of bacilli was demonstrated in a tubercular nodule far from the respiratory system, and in a situation where tubercle is rarely found.—J. E. G.)

John P., aged 29, piano-maker.

Clinical diagnosis: Pleuritis. Body medium size, slightly built. Emaciated, pale. Immediately on the left side of the sternum, corresponding to cartilage of 3rd rib, was an abscess the size of a hazel-nut. In the trachea a slight quantity of mucus; the mucous membrane of both larynx and pharynx pale. The left lung in its whole extent adhered to the pleura; both its parietal and visceral layers thickened into cartilage-like bands. The left lung in its whole extent shrunken; volume one-third that of a normal lung. Lung traversed by dense bands of fibrous tissue. In the shrunken and compressed parenchyma of the lung no air was present, in the apices several cavities due to bronchiectasis the size of hazel nuts. In other parts of the lung were several partially calcified partly caseous nodules. The right lung vicariously enlarged, cedematous, and containing numerous old caseous partly calcified nodules, none larger than a pea. In the pericardium about 200 c. c. cloudy serum, both the visceral and parietal surfaces covered with a fibrous exudation; heart, ordinary size, valves soft;

liver, slightly fatty; spleen, normal size; kidneys, granular; bronchial glands, enlarged and slightly caseous; supra-renal capsules showed no changes.

N. B.—The sputa of this man were examined three days before his death with a view to ascertaining whether or not tubercular bacilli were present—none were found.

**TUBERCLE OF THE OVARY, IN WHICH BACILLI WERE FOUND.**

Marie D., aged 39, housemaid.

Clinical Diagnosis: Tuberculosis pulmon. Body small, weakly built, and poorly nourished; brain and meninges pale; a quantity of mucopurulent matter in the trachea. The right lung compressed to half its normal size owing to a pneumothorax. From a large cavity in the lung there was a perforation leading into the pleural sac. In the apices of lungs were numerous cheesy masses, and several large cavities. Bronchial glands, increased in size and filled with tubercles. Spleen, enlarged, contained many caseous nodules. In substance of liver and kidneys were also numerous small nodules; surface of diaphragm covered with miliary tubercles. In the left ovary was a sharp, well-defined, yellowish coloured mass, about the size of a pea, surrounded by a zone of hypersemic tissue. Not being certain, at the time the *post-mortem* was made, what the character of the nodule in the ovary was, it was examined under the microscope, and appeared to be distinctly tubercular. Caseation had commenced in the centre of the mass; no giant cells were to be seen. I then examined it for tubercular bacilli, and found them present in large numbers at the edge of the tubercle, where the active progress was taking place.

**ON THE CONTAGION OF APHTHOUS FEVER IN THE HUMAN SPECIES.**

BY P. H. BRYCE, M.A., M.D. SECRETARY PROVINCIAL BOARD OF HEALTH.

(From the *Journal d'Hygiene*)

The *Nice Médical* having lately published an interesting article on the transmission of apthous fever from animals to man, Prof. Lussana of Padona, gives us pleasure through

the communication of facts which he has observed since 1851 among the plateaus which surmount the high mountains of Gaudino (Lombardy).

An epidemic of apthous fever had broken out among the numerous herds (more than a thousand animals) scattered over these magnificent pasturages. The epizootic had infected about seven-eighths of the bovine and two-fifths of the porcine species.

On all were found characteristic apthous eruptions at the bifurcation of the hoofs, in the mouth, on the snout, at the opening of the nasal fossæ, and on the teats; never anywhere else. It was evident that the virus secreted by the interungueal vesicles had polluted the herbs of the field trodden upon by the feet of the animals, and that these herbs had thus borne the contagion to the buccal mucous membrane and the udders. Nevertheless, the progress of the epizootic was very mild, and the sickness resulting from it very slight.

The diminution of the production of milk from milch cows became apparent only in the course of the second week of the disease, and all the milk, as well as all the butter, was used without affecting the amount consumed throughout the country.

As to the fact of the transmissibility of the disease, these are his observations:

One of the herdsmen presented a characteristic apthous cicatrix, on the gum at the base of the roots of the two upper incisors. Also a characteristic alteration on the internal mucous membrane and middle of the lower lip. Recovery took place at the end of two weeks, without marked injury to the general health.

M. Lussana had inoculated himself by means of a vaccine needle, on the left fore-arm, with a portion of the ichorous humour obtained from the udder of a sick cow; there followed no eruption and no *malaise*. The virus of the apthous epizootic is not transmissible by skin, (except the interungueal tissue in cloven-footed animals), but it is transmissible by the mucous membranes of these animals, as well as those of man.

The cows have always been milked without the persons doing this pressing by hand the least eruption.

**Selections: Medicine.****SUB-CLAVICULAR TYMPANISM.**

M. J. Grancher concludes a very interesting communication to the Medical Society of the Hospitals upon Sub-clavicular Tympanism as follows:—

Being given an acute or subacute pleurisy in a healthy man, accompanied with a medium effusion we may find out by the physical signs the part taken by the lung in the pathological process.

All clinical methods heretofore employed seek to determine the condition of the lung *behind* the effusion, that is to say at the base; none allows us to determine, what is most important as regards the distant prognosis of the pleurisy, the condition of the apex *above* the effusion.

The healthy or pathological condition of the upper lobe, may be deduced, not from such or such a sign considered alone, but from the relation of the three principal physical signs, viz, resonance, vocal vibrations, and respiration.

Three capital circumstances may be met with, and each of them corresponds to a particular condition of the apex:

1st. The sub-clavicular tympanism coincides with an increase of the vocal vibrations and increased respiration.

This association of physical signs indicates that the superior lobe is healthy, that it is resonant, that it vibrates, and that it respire in a supplemental manner.

This is a particular case of a general law called the law of compensation and the schema which corresponds to it may be designated under the name of *schema or tympanism of compensation*.

2nd. The sub-clavicular tympanism again is accompanied with an increase of the vocal vibrations, but there exists at the same time an abnormal respiration.

This second variety of tympanism is the most common of all.

All the abnormal respirations described by authors may be observed, but by far the most frequent is *weak* respiration.

This combination of physical signs may be called *schema or tympanism of congestion*.

This congestive condition is most often, though not constantly of tubercular origin. Its true nature may be deduced from later observation of the patient, from the study of his antecedents and the functional symptoms that he presents.

3rd. The sub-clavicular tympanism may be encountered with a diminution of the respiratory murmur and a diminution of the vibrations.

This third combination, rarer than the preceding, answers probably to divers pathological conditions. I have found it realised up to the present with compression of the bronchi and by œdema of the lungs. That is why I call it provisionally *schema or tympanism of bronchial compression and pulmonary œdema*.—*L'Union Médicale*.

**LOCALIZED ŒDEMA.**—M. Guyot, at the Medical Society of the Hospitals, presented a patient with chronic localized œdema of the right upper limb. The patient was a woman, 59 years of age, syphilitic. The swelling was first noticed four years ago, and proceeded regularly until, at the end of a year, it attained its present size. This swelling succeeded the disappearance of a cutaneous exanthem, localized upon the same limb, which she had had for two years. This exanthem had coincided with the disappearance of the catamenia. The eruption was characterized by a series of vesicles which soon ulcerated, seated upon the back of the hand, and accompanied with *crevasses* at the articular folds. The eruption was continuous. She subsequently had an attack of right hemiplegia which had no influence upon the œdema. Movement slowly returned. Under the influence of iodine the œdema became softer, and there was some amelioration. The right upper limb is the seat of a white, soft œdema, occupying the hand and forearm, but extending to the arm. This limb is more sensitive to cold than the other. The mobility is diminished. Disagreeable tinglings are occasionally felt in the tips of the fingers. The palm of the hand is continually damp, and at times bathed with an abundant perspiration. Neither obliteration

ing clot nor compressing tumour can be felt in the veins. No central, arterial, or nervous origin could be discovered for the œdema. The inferior limb, which was paralysed, is not œdematous.—*L'Union Médicale*.

**PORK MEASLE IN MAN.**—M. Troisier exhibited lately to the members of the Paris Hospitals Medical Society a man, 36 years old, a Parisian, who for a year past had noticed small swellings arise on the cheeks, arms, legs, and abdominal wall. These proved to be due to cysticerci, and, curiously enough, the patient had passed a *tœnia solium* whilst bearing these larvæ in his body. M. T. suggested two hypothetical explanations of this coincidence; either that the man had swallowed the ova of his own tapeworm, or that cysticerci and tapeworm were derived from the same external source. He asked what treatment should be followed. No one could dream of removing them one by one, but some such simple method as puncture with the hypodermic syringe might suffice to kill them.

**HÆMORRHOIDS. EQUITATION AS PREVENTIVE AND CURE.**—In the *New York Medical Record*, for 26th August last, Dr. William Bodenhamer writes favourably of horseback exercise as a potent preventive and treatment for hæmorrhoids, especially internal. He also refers to a gymnastic exercise practised in Bethune Hospital with success in this affection. "It consists simply in trying to touch the toes with the fingers without bending the knees. This movement though difficult at first, soon becomes easy; it not only strengthens and develops the muscles of the abdomen, but also those of the legs and thighs." Perhaps, too, the posture and the aspiration exercised on the contents of the abdomen may be one factor in the amelioration.—ED.

**HYDATID CYST OF THE HEART.**—M. Arnold reports the case of a young man, 21 years of age, who had been subject to fainting spells—heart's action energetic but the pulsations regular and normal,—cyanotic condition of skin, without true respiratory embarrassment, gene-

ral and confluent urticaria, manifest tendency to algidity. The autopsy discovered three hydatid cysts at the apex of the left lung; in the pulmonary artery numerous free hydatids of all sizes, still more hydatids in the right ventricle. In the right auricle a cystic tumor semi-collapsed with an enlarged slit-like opening towards the tricuspid orifice and filled with hydatids; the liver and spleen contained no cysts.—*Gazette des Hôp.*

**ILEUS, CAUSED BY CONCRETIONS OF GUM SHELLAC.**—C. FRIEDLANDER.—The calibre of the small intestine was completely occluded at 30 centimetres above the ileo-cæcal valve by spherical and cylindrical concretions. Some, of large size, were even found in the stomach. Some of them were as large as a goose's egg. The total weight of the concretions was about 960 grammes. They are of a brown colour and vitreous fracture. The history was that of a furniture polisher addicted to alcohol. He satisfied his passion by consuming an alcoholic solution of gum shellac which was used as a varnish in his business.—*L'Union Médicale*.

M. Duboué recommends in a paper addressed to the Academy of Medicine, the administration of ergot of rye in typhoid fever. He advises it be given in substance, before eating, in doses, from 1½ to 3 grammes for adults, in divided doses per diem, and from 0.40 to 1 gramme to children. The quantity to be regulated by the temperature or general condition of the patient. He states that the remedy is applicable at all periods, and in all forms of typhoid fever, without exception. In 51 cases he had 3 deaths or 6%.—*L'Union Médical*.

M. Gentilhomme, of Rheims, recommends as a cure for a cold in the head one quarter of a milligramme of the sulphate of atropine. It should be taken as soon as possible after the symptoms declare themselves. In quarter of an hour after taking it the distressing symptoms begin to abate. If necessary in a few hours the dose may be repeated.—*L'Union Méd. et Sci. du Nord-Est*.

## Surgery.

### THE USE OF OXYGENATED WATER IN SURGERY—PEAN.

The researches of M.M. Paul Bert and Regnard on the effects of oxygenated water have induced Drs. Péan and Baldy of the St. Louis Hospital to investigate its applicability to surgery.

The oxygenated water made use of was prepared by Mr. Baldy, and was perfectly neutral and contained from two to twelve times its volume of oxygen, as required.

First of all it was applied externally for the dressing of great traumatisms and divers ulcers. It was also administered internally in certain diseases as anæmia, septicæmia, diabetes, tuberculosis, and more particularly tubercular operation cases.

Externally oxygenated water was applied by means of compresses of tarlatan, covered with sheets of oil silk to prevent evaporation, and retained with bandages. These applications were renewed once or twice a day according to the indications, also whenever there was a discharge requiring the use of a drainage tube, injections of oxygenated water were made at each dressing thro' the orifices of these tubes, until the fluid returned clear and frothing.

So far the results have proved most satisfactory—they have been favourable not only in the minor amputations and resections which are daily performed in an important service such as that of M. Péan at the St. Louis, but even in the great amputations of limbs (thigh, leg, arm, and fore-arm). Oxygenated water has also been applied after the ablation of large tumours whether taken from the soft parts or the hard parts of the limbs and from the trunk, in incisions of multiple, long and deep fistulous tracts, and in grave accidental wounds complicated with severe lacerations. Throughout the entire period of the dressings, the atmosphere of the wounds has been modified by vaporisations of oxygenated water.

Under the influence of these applications, the wounds, those recently made with bistoury or thermo-cautery, as well as those of older date, covered with sphacelated portions which

had induced a certain degree of lymphangitis or erysipelas, have quickly assumed a healthy aspect and become covered with rosy granulations, which have furnished a pus relatively abundant, but creamy and without odour. There had been exceptions at first only in those covered with sphacelated portions, and even in these cases the odour appeared less than with dressings made with other substances. We have also noted a favourable tendency towards union by first intention of amputation wounds and rapid cicatrizations of old wounds and chronic ulcers.

At the same time in patients who had been treated by other methods and who were threatened with septicæmia, at the moment we began these dressings we began its internal administration.

The effects have appeared to us most satisfactory, not only in view of the local condition but as regards the general state. The fever which is declared after great traumatisms has been moderated, most often at the end of three to four days it has completely subsided and we have been struck with the slight elevation of pulse and temperature.

All these results have appeared at the least as satisfactory, if not more so, as those from alcohol simple or camphorated and carbolic acid. In this respect should we not prefer the oxygenated water to the last since it has neither the toxic properties nor the vile odour of carbolic acid.

As to tubercular ulcerations they have been happily modified. In epithelial or sarcomatous ulcerations this mode of dressing has not been sufficiently tried to base an opinion of its definitive action. But there is reason for thinking that it may produce some modification.

We now replace the carbolic spray with oxygenated spray in all large operations such as gastrotomy.—*Gaz. des Hôp.*

Dr. Gustav Krehbiel, (in *Wien. Med. Woch.*) records the case of a man, aged 54, who was shot through the hand. The wound was washed with a 5% solution of carbolic acid. The canal formed by the bullet was then filled with iodoform. Healing took place with scarcely a trace of inflammation.

M. Pierre Vigier finds from experiments upon himself and upon his pupils that substances incorporated with glycerine are not absorbed by the skin, therefore, he advises as a parasiticide the substitution for blue ointment which stains the linen and is absorbed, a glycerine thus composed: Corrosive sublimate, 5 gr., glycerine (English or Prices') 100 gr. In spite of the causticity of the biocliride the skin is not irritated by this mixture, and after extensive applications to the skin no mercury is found in the urine.—*L'Union Médical*.

**BORACIC ACID AS AN ANTISEPTIC IN SKIN DISEASES.**—Messrs. Savoy and Moore's chemist recommends that boracic acid should be dissolved in glycerine, and this solution incorporated with fatty bases of white wax and almond oil (not vaseline) to produce a soft, homogeneous, creamlike compound, free from all the usual sharp-edged, irritating, crystalline plates of boracic acid, which are so hard to reduce to an impalpable powder.—*Practitioner*—*Archives of Dermatology*.

**GYNOCARDIC ACID AND CHAULMOOGRA OIL.**—Wyndham Cottle prefers the acid to the oil wherever there is malnutrition, as in gout and rheumatism, late syphilis, &c. He gives half grain dose of the acid with extract of gentian, hops, or conserve of roses several times a day; and has exhibited 3 grains daily for four months. Locally in eczema the following is a very useful ointment: R. acidi gynocard, gr. xv–xxv; vaseline, 3j.

Winiwarter, in *Wien. Med. Woch.*, gives the history of a case where the ductus choledochus became obliterated. In three weeks the gall bladder had attained an enormous size, and there was intense jaundice. Aspiration of the contents of the gall cyst failed, and he determined to establish a fistulous opening. This was successful, and the patient made a good recovery.

Dr. Markham, of Australia, in *Wien. Med. Woch.*, states the following treatment for fistula

in ano:—The fistula is first enlarged by sponge pressure, the sphincter is well stretched and opium administered to secure about five days rest. The fistula is then carefully plugged with charpie dipped in a mixture of carbolic acid and glycerin one to eight. Healing took place in his cases in from three to six weeks.

**HIP-JOINT AMPUTATIONS.**—Within a month three striking instances of the value of Mr. Davey's lever in this operation have occurred in England. A case operated on by Mr. McLaren, of Carlisle, lost only two ounces of blood; one under Mr. Cowell's care at the Westminster Hospital lost three ounces; and a third operated on by Mr. Paul Swain, of Plymouth, lost but one ounce and a-half.

**AMMONIO MERCURIC PEPTONE IN SYPHILIS.**—M. Martineau, says the *N. Y. Medical Record*, has treated 600 syphilitic patients by subcutaneous injections of ammonio-mercuric peptone. He has made 11,000 injections in all, and has never had any accident: neither abscess, stomatitis, salivation, nor intestinal disorder.

### Midwifery.

**TARNIER'S METHOD OF PREVENTING PUERPERAL INFECTION.**—"Even in 1856, when I was Interne at the Maternité Hospital, the mortality was five per cent., this is now reduced to two per cent. in hospital, and three quarters of one per cent. in the pavilion I had constructed a few years ago. Each patient there has a separate room, entered from without, so that a nurse can only pass from one to another by going outside into the open air. The furniture is of japanned iron; the floors, walls, and ceilings are of impermeable concrete. The mattresses and pillows are stuffed with cut chaff, which is burnt after use in every single case. Instead of McIntosh sheets, one of brown paper made impermeable by pitch, is used; this is burnt after use." For the washing of the genitals he uses weak solutions of biocliride of mercury, being the best and most powerful germicide.

THE CANADIAN  
**Journal of Medical Science,**  
 A Monthly Journal of Medical Science, Criticism,  
 and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, OCTOBER, 1882.

MEETING OF THE CANADA MEDICAL  
 ASSOCIATION.

The meeting of this Association, held in Toronto, on the 6th, 7th, and 8th of September, was both a pleasant and a successful one. A reunion of medical men who take a deep interest in both the scientific and practical departments of our profession is always very enjoyable, and this year's congress was no exception to that rule. The words quoted by our worthy and respected President, "happy to meet, sorry to part, happy to meet again," are literally true, and we can add but little to them. It is a real pleasure to see the old familiar faces, to grasp the friendly hand, to recall many pleasant reminiscences of the past, and at the same time to form new friendships, which it is hoped, will be as pleasurable and profitable in the future as those gone by.

Apart from these considerations such gatherings are a source of great profit, both directly and indirectly, to those who have the privilege of attending them. From such intercourse with friendly and zealous peers we must of necessity get some new ideas and inspirations which will do much to prevent us from getting into the wretched groove of an unscientific and almost mechanical routine which is oftentimes disastrous for both practitioners and patients.

The interest of this meeting was well sustained from beginning to end. The large number of papers created a necessity for division into sections, medical and surgical, and there was ample work for both. The reports of committees were unusually able and interesting. In all cases special subjects of interest

were treated, and the readings generally elicited free, and sometimes, rather racy, discussions. We take pleasure in publishing two of them, "Medicine," and "Surgery," in this issue, and hope to give others hereafter.

THE REPORT ON MEDICINE.

Dr. Graham, just returned from the *land of Pathology*, read this report in which he dealt principally with the subject of tuberculosis. A short account was given of the various discoveries made in this subject, from the time of Laennec up to the present. A description was then given of the bacilli of tuberculosis as discovered by Koch, as well as of Ehrlich's improved method of staining. Some specimens of the bacilli were shown in the museum stained according to Ehrlich's method.

THE REPORT ON SURGERY

Was read by Dr. Shepherd who took up the following subjects:—Treatment of wounds, inflammation, sponge grafting, bone transplantation, surgery of the kidney and joints, and treatment of club foot. His remarks on the treatment of wounds gave rise to an able discussion. He showed clearly the proper relations existing between Listerism and the broad subject of antisepticism, and while giving due credit to Lister, for the wonderful work he has accomplished, expressed his own preference for treatment by rest, support, and infrequent dressings, together with the use of iodoform. We consider this method of treatment to be, at least, equally efficacious, although less brilliant, less impressive, and less troublesome, while at the same time it possesses the unspeakable advantage of being always available, always practicable, whether in the largest and best-ordered hospital, or in the smallest cabin in our backwoods. And so apparently thought the majority of the members present.

THE RECEPTION BY THE PROFESSION  
 OF TORONTO.

We were glad to see such an unanimous effort on the part of the Torontonians to entertain our guests as hospitably as time and circumstances would permit. The formal reception took the shape of a *conversazione*, which was held in the rooms of the Education Depart-

ment, on the evening of the second day, and was in every respect one of the most successful entertainments of the kind ever given in Toronto. As indicated in our last issue the address of welcome was delivered by Dr. Workman with his usual felicity, to which a happy reply was made by the President of the Association, Dr. Fenwick, of Montreal. Those present had also the unexpected pleasure of listening to a short address from the distinguished scientist, Dr. W. B. Carpenter. The music was all that could be desired, and the songs of the Misses Hillary, Miss Berryman, Mons. Pernet, together with the performance on piano and violin, by the Drs. Geikie, were highly appreciated.

In speaking of the work done by the Committee of Arrangements, we must refer especially to the untiring efforts of its able and energetic Chairman, Dr. Canniff, in whom was combined the wisdom of the experienced, with the zeal of the youngest enthusiast. In making the preparations for the conversazione, he was ably assisted by Dr. May, of the Education Department and others.

Dr. Daniel Clark entertained the members of the Association at a most *recherché* luncheon on the third day. It happened, unfortunately, that many were unable to remain, although very anxious to do so. A goodly number, however, were present, including a few ladies, and enjoyed themselves immensely in inspecting and discussing both the admirable arrangements and working of the institution and the good things provided on the table. Mr. Attorney-General Mowat, Dr. W. T. O'Reilly, Dr. Workman, Dr. Daniel Clark, and Dr. Grant, each made an appropriate and happy speech, and the gathering dispersed with the conviction that the last was by no means the least enjoyable feature of the meeting of 1882.

Prof. Chiara, of Milan, has succeeded the renowned V. Ballochi in the Chair of Obstetrics at Florence. Porro, of Pavia, has taken Chiara's place; and the latter's assistants, Mangiagalli and Negri, have been appointed to the Obstetrical chairs in Sassari and Novare, respectively.

Dr. Henry H. Reeve, of Minesing, has purchased the practice of Dr. Lund, of Churchhill, and the latter has removed to Guelph.

#### THE INTERMEDIATE EXAMINATION AND MATRICULATION FOR THE MEDICAL COUNCIL.

We find by the circular recently issued by the Minister of Education, that important changes are to be instituted in the Intermediate Examinations, which will materially lower its standard; but the Executive Committee of the Council, after conferring with the Head of the Department, received the assurance that the programme would be so arranged that candidates for matriculation may be examined in all the subjects required by the Council. The Registrar has, therefore, issued the following circular:—"The Intermediate Examination referred to, \* \* \* as the Matriculation Examination, includes the following subjects, all of which are compulsory:—English Grammar, English Literature, Composition, Dictation, Arithmetic, Algebra and Euclid, History, Geography, and Latin."

As will be seen by reference to the circular in question, Algebra and Euclid, History and Geography, have been removed from the list of compulsory subjects, and placed among the optional, with Latin and other-subjects.

We believe the Profession of Ontario will almost unanimously feel both surprised and disappointed at this sudden and unexpected change, which makes the intermediate simply the examination for graduation in the common schools, and places matriculation in medicine on a par with *entrance* into the high schools. It will become the duty of the Council to seriously consider the question, and we see no course open except at once to cut all connection with an examination which practically includes in its compulsory list only English Grammar, and Arithmetic. The one would of course enable a Medical Practitioner to write out the directions for the preparation and application of a slippery-elm-bark poultice, while the other would make him competent to give back the right change when settling with his paying patients, but taken together they scarcely come up to the high standard of preliminary education for our Profession which so many are contending for.

Dr. Pirrie, Professor of Surgery, at Aberdeen, has resigned after 52 years' service, 9 spent in the Chair of Anatomy and Physiology, and 43 in that of Surgery. Dr. Alex. Ogston is spoken of as his successor.



## ADDRESS TO STUDENTS.

*(From London Lancet.)*

## THE MEDICAL CURRICULUM.

The conjunction of a sound mind with a sound body is an indispensable condition of the successful study and practice of medicine. A clear intellect and a quick understanding are indeed necessary, but they will not suffice. The study of medical science requires considerable mental powers; but medical practice has heavy bodily tasks that none but strong men can perform, and none but strong men should attempt. Without a sound constitution and robust health, the medical student and practitioner will sooner or later find they must narrowly circumscribe their spheres of activity. The health-qualification is not sufficiently considered by some of those who enter the ranks of the medical profession. It is only when the constitution is undermined, the health broken, and the energies exhausted by the hardships, the exposures, the anxieties, and the constant application of mind and body under unfavourable and depressing conditions that its importance is fully appreciated. It is then often too late to correct the error. The whole life, training, aspirations, and interests are staked in the enterprise, and to be compelled to withdraw is an acknowledgment of defeat and failure. Those who are now contemplating starting on the medical career should assure themselves they are endowed with bodily strength and activity commensurate with the demands that are likely to be made upon them in after-life.

Next to a sound body, the qualification for the successful pursuit of the science and art of medicine is a cultivated understanding. In some degree this is provided for by a preliminary examination, but this security is not enough. The general education should be the best attainable, both as regards thoroughness and extent. By this we do not mean the student should have an elaborate acquaintance with any particular form or department of learning, whether classical or scientific, but rather that he should be carefully trained and disciplined in every useful mental and moral exercise. Much has been said in favour of what is called "a university education" for all medical students; but experience has shown this is not an

unqualified benefit. While it is desirable that every medical man should be an accomplished gentleman, as well as a skilful practitioner, great scholastic attainments do not necessarily imply special aptitude for medical practice. Those who have obtained a degree in arts before they begin medical studies, have passed the time when they can readily apply themselves to the rudiments of their technical training, or have acquired an intellectual starchiness that prevents them from stooping to the fancied drudgery of such rudiments. Any youth of average talents, whose education is conducted by competent masters, may acquire an amount of general knowledge and mental discipline equal to the demands of any department of medical science.

It is, however, desirable that the student should have correct notions of the meaning and object of education. The medical education is almost wholly technical, though, unlike some other forms of technical training, it is capable of ultimately being transformed into culture. Despite the tendency of current opinions, it should not be assumed that education means mere knowledge, or learning, or the giving and receiving of instruction. It means, rather, in Milton's words, "that which fits a man to perform justly, skilfully, and magnanimously, all the offices, both public and private, of peace and war." The prevalence of the doctrines of the utilitarian philosophers has done much to foster false and erroneous opinions of the end and purpose of education. Knowledge, not wisdom, has become the approved end of education, and cleverness in examination rather than the skilful management of the affairs of life, the final test of success. The best minds have in all ages protested against this specious doctrine. Rabelais, Montaigne, Milton, Locke, and others, have denounced it. "The greatest clerks are not the wisest men," said Rabelais, and our Cowper differentiates the tendencies of these two schools in his lines:—

" Knowledge, and Wisdom, far from being one,  
Have oftentimes no connexion. Knowledge dwells  
In heads replete with thoughts of other men;  
Wisdom in minds attentive to their own.  
Knowledge is proud that he has learnt so much;  
Wisdom is humble that he knows no more."

As education does not, therefore, consist exclusively or solely of the acquisition of knowledge,

but includes the complete and harmonious development of all the mental and bodily faculties, the exercise and training of the natural senses should not be disregarded. In this age, when progress in applied science depends chiefly upon the elaboration of apparatus and instruments, when the conquests of therapeutics over pathology depend mainly upon the perfection of the physical aids to diagnosis, there is some risk of ruining the natural senses by the exclusive use of instruments. Kant foresaw this danger more than a century ago, and uttered a note of warning against it. The stethoscope, the thermometer, the sphygmograph, the ophthalmoscope, and the laryngoscope, have enlarged our powers of diagnosis, but it is doubtful whether they have extended our usefulness as practitioners of the healing art in a corresponding degree. Without these aids the modern practitioner is often helpless, where his forefather, prompted by the dictates of a trained experience, would have struck boldly, and struck to good purpose.

However large the amount of instruction imparted in the medical curriculum may be, the medical student and practitioner who shall be worthy of their calling must be in a large measure self-taught. The student must see, hear, handle, think, and judge for himself. His knowledge and his experience must be organically assimilated, and not merely mechanically stored within his memory. Now, more than in any previous period, the student is in danger of too much didactic teaching, or, as Locke would say, "of being magisterially dictated to what he is to observe and follow." Nearly three hundred years ago Montaigne condemned excessive tutorship: "Tis the custom of pedagogues to be eternally thundering in their pupils' ears, as if they were pouring into a funnel, whilst the business of the pupil is only to repeat what the teacher has said." This "thundering in the ears of pupils" may secure success in examination, but it will never bring that Knowledge which is Power. While then the pupil must in many things deliver himself up to the influence of authority, he must ever remember that he can only know through his own understanding. Though lectures and book-reading will do much for him, they will not do

all; they will not do even enough. The rest he must accomplish for himself. He must meditate upon what he hears and sees; he must reflect, test, and verify continually. There is no better way than diligent attendance on well-conducted class-examinations, self-questionings, and discourse with judicious friends. On this matter, Locke, whose "Thoughts on Education" every one should read, has some wise words. "Reading," he says, "is but collecting the rough materials, amongst which a great deal must be laid aside as useless. Meditation is, as it were, choosing and fitting the materials, framing the timbers, squaring and laying the stones, and raising the building; and discourse with a friend (for wrangling in a dispute is of little use) is, as it were, surveying the structure, walking in the rooms, and observing the symmetry and agreement of the parts, taking notice of the solidity and defects of the works, and the best way to find out and correct what is amiss; besides that, it helps often to discover truths, and fix them in our minds as much as either of the other two."

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There is one fact that the student should always bear in mind—that the great bulk of his duty in after-life will have reference to cases and conditions that cannot be considered heroic or sensational, but which are the chief care of general practice, as they constitute the bulk of human trouble. In regard to this great point we should say these two things: First, no case of disease, or feature of disease, should be despised for its commonness; and, secondly, that the more specific and definite the knowledge that can be gathered by a student on the common cases and facts of disease, the better practitioner will he turn out in the end. Nine students out of ten are destined not to be specialists. General practice is to be their field of labour, and there is no better field for usefulness, and even for distinction. No man is more valued in a community than the man who is helpful, and wise, and kind in all the emergencies of disease, from a toothache to a puerperal pyrexia. But though most students are to be general practitioners, their ultimate efficiency and success will depend very much on the amount of special know-

ledge which they can bring into general practice. Where one practitioner must be always sending his patients off to a specialist, another will be special enough in his knowledge to save his own credit and his patients' time and money. In order that the student may thus develop the greatest efficiency and credit as a practitioner, he must, after gaining a substantial knowledge of anatomy and physiology—without which all practice is a sort of quackery,—take the best opportunities of seeing common disease, and bring to its study unremitting attention. A cough, a rigor, a urinary deposit, a temperature in slight excess of the normal, a rash on the skin, the peevishness of a teething child, and remedies which a good practitioner uses in such cases, must have as much interest for him as a strangulated hernia, a glaucoma, or a case of myxœdema. Happy the student who accepts gratefully and yet with independent and even critical intelligence the best teaching of the best practitioners, whether general or special. Medical practice to him will be a joy rather than a care, and if he be occasionally in trouble, like other men, it will not be that greatest of all troubles—conscious incapacity for common duties born of inattention to common cases and common, though passing, opportunities of education. His destination may be to practise in a remote hamlet or the distant colony of an extended empire. On an emergency he may find himself confronted in such a solitude, and at midnight, with a case of ineffectual labour, or the still more trying one of retention of urine, and in the happy and timely use of his forceps or his catheter, in the relief of an agonized patient, and in his own consciousness of serviceableness, he will have reward enough, to say nothing of the greater rewards which accrue to faithful and religious men.

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#### PERSONAL.

Drs. W. T. Aikins and C. W. Covernton, of this city, return home from Europe in the beginning of the month. The latter gentleman represented the Provincial Board of Health of Ontario, at the International Congress of Hygiene held last month at Geneva.

#### Book Notices.

*The Early Diagnosis of Chronic Bright's Disease.* By T. A. McBRIDE, M.D., New York.

*Life of John M. Briggs,* of Bowling Green, Ky. By W. K. BOWLING, M.D. (Reprint from *Nashville Jour. of Med. and Surgery.*)

*The Female Perineum.* By T. G. COMSTOCK, M.D., M.O. Vien., St. Louis. (Reprint from *St. Louis Clinical Review.*)

*The Multum in Parvo Reference and Dose Book.* By C. HENRI LEONARD, M.A., M.D. Detroit: The Illustrated Medical Journal Co.

*Weekly Health Bulletins and Meteorological Reports for the Months of July and August.* Issued by the State Board of Health of Michigan.

*The Antiseptic Treatment of Wounds, after Operations and Injuries.* By T. W. BRIGGS, M.D. (Reprint from *Nashville Jour. Med. & Surg.*)

*On the Nomenclature and Classification of Diseases of the Skin.* By L. DUNCAN BULKLEY, A.M., M.D. (Reprint from *Archives of Dermatology.*)

*The Malignity of Syphilis.* With an analysis of 450 Cases. By L. DUNCAN BULKLEY, A.M., M.D. (Reprint from *Trans. Med. Soc., State of New York*, 1882.)

*The Presence of the Micrococcus in the Blood of Malignant Measles: Its Importance in Treatment.* By JOHN M. KEATING, M.D. (Reprint from *Phila. Med. Times.*)

*The Prescription of Proprietary Medicines for the Sick: Its Demoralizing Effects on the Medical Profession.* An essay. By C. A. LINDSLEY, M.D., New Haven, Conn.

*On the Continuous Inhalation of the Vapour of Slaking Lime in the Treatment of Membranous Laryngitis.* By E. F. CORDELL, M.D. Baltimore: (Reprint from *Maryland Med. Jour.*)

*Ninth Annual Report of the Secretary of the State Board of Health, of the State of Michigan, for the fiscal year ending 30th Sept., 1881.*

The first part of this volume contains the Secretary's Report of the work of the Board, its sessions, special reports, communications, &c., and the second, forty-eight addresses, papers, and reports on sanitary subjects, the majority read at Sanitary Conventions held at Flint and Battle Creek; the balance being special contributions. A large portion of the sanitary field is covered by these communications; and the volume, therefore, contains a vast amount of instructive matter, and constitutes an excellent ensample for our own and other local boards advantageously to emulate.

*Popular Science Monthly.* New York: D. Appleton & Co.

The October number of this delightful and well-conducted journal for the enlightenment of the masses and the popularization of scientific subjects, has come to hand. The subjects treated of, which are more especially interesting to medical readers, are:—Massage, by Dr. Douglas Graham; Literature and Science, by Matthew Arnold; Moseley on Evolution, by Herbert Spencer; the Utility of Drunkenness, by Matthieu Williams; Delusions of Doubt, by M. B. Bill; Physiognomic Curiosities, by Felix Oswald, M.D.; The Formation of Saline Mineral Waters, by M. Dieulafoy; and a Sketch (with portrait) of Rudolph Virchow. We know of no periodical better suited for the delectation of a physician's family, or so much in place as on his table.

*Essentials of Vaccination: A Compilation of Facts relative to Vaccine Inoculation, and its Influence in the Prevention of Smallpox.* By W. A. HARDAWAY, M.D., St. Louis. Chicago: Jansen, McClurg & Co., 1882.

Dr. Hardaway has done good service in the publication of this little brochure of some 140 pages. As is asserted in the preface, the work is a mere compilation, but the profession should feel greatly indebted for much valuable scattered information thus brought together and rendered easily accessible. Chapter i. treats briefly of the History of Vaccination; chap. ii.

of Variola in Animals; chap. iii. of the Nature of Vaccinia, in which the conclusion favoured seem to be a plausible one, in view of recent knowledge, that the vaccine matter is merely the contagium of smallpox modified by transmission through the cow. Chap. iv. deals with Vaccinia in the Human Subject; chap. v. with Abnormal Modifications and Complications of Vaccinia; chap. vi. with Re-vaccination; the view is expressed that, under circumstances of exposure, Vaccination ought to be repeated at any time; under ordinary circumstances, the author accepts Trousseau's advice of regarding five years as the limit of safety. Chap. vii. discusses the merits of the different kinds of Vaccine Virus; and, on the whole, the bovine source is preferred. Chap. viii. details the Methods of Obtaining and Storing Vaccine Virus. Chap. ix. deals with the Operation of Vaccination, and insists upon thoroughness and care, pointing out, with Mr. Marson, that it is as bad to die from smallpox in consequence of badly-performed Vaccination, as from any other ill-done operation. The final chapter constitutes an "Examination of the Objections to Vaccination," and, of course, satisfactorily disposes thereof.

*The Treatment of Diseases by the Hypodermatic Method.* By ROBERTS BARTHOLOW, A.M., M.D., LL.D., 4th Ed. Revised and Enlarged. Philadelphia: Lippincott & Co., 1882.

Like all of Dr. Bartholow's works this book is pleasingly written and well issued. It opens with a brief history of the subject, and a description of the method. Then follows a list of remedies administered by this method, and an account of the local and systemic effects of subcutaneous injections generally. A discussion of the preparation, dose, physiological action, accidents, and theory of each agent is then presented; the major part being occupied, of course by the alkaloids of opium and belladonna. But duboisia, strychnia, curara, physostigma, pilocarpine, chloral, caffeine, quinia, mercury, arsenic, &c., all receive due attention. We think there can be no doubt that the author must be mistaken in the assertion that the solution of apomorphia is spoiled when it turns green, which it does so rapidly. We had expected to find some allusion to the value of amyl nitrite locally administered in cramp or muscle spasm; and also to permanganate of potash in snake bite, but find none.

## Meetings of Medical Societies.

### CANADA MEDICAL ASSOCIATION.

The Association met in Toronto, on Wednesday, 6th September, at 10 a.m., when the President, Dr. G. E. Fenwick, took the chair. After the report of the Committee of Arrangements, past-Presidents Drs. Workman, Botsford, Canniff, and McDonald took seats beside the chairman. The minutes of last meeting were read and approved. It was decided that the President's address should be read at the evening session.

Drs. Brodie and Walker, of Detroit, Elsburg, and Goodwillie, of New York; Dr. Lough, of Bermuda, and Dr. Field, of Barbadoes, were elected members by invitation.

Dr. W. B. Carpenter, of London, England, was present by invitation, and at the request of the President delivered an address in which he took up the subject of general registration. He gave a history of vital statistics in the Mother Country, showed the great work which had been accomplished and urged the vast importance to the Dominion of inaugurating some such system.

Dr. Fulton presented the report of the Committee on Necrology, which announced the death of the following physicians throughout the Dominion during the past year:—Dr. Berryman, Toronto; Dr. T. Mack, St. Catharines; Hon. Dr. Brouse, Ottawa; Dr. N. Fleming, Mildmay; Dr. H. Parsley, Thornbury; Dr. J. A. Purney, Shelburne, N. S.; Dr. A. Robertson, Liverpool, N. S.; Dr. W. G. Middleton, Stella; Dr. N. Munro, Brucefield; Dr. McMichael, Gorrie; Dr. G. Cook, Norwich; Dr. J. Allen, Adolphustown; Dr. J. B. Smith, Jerseyville; Dr. G. Lount, Norwich; Dr. A. J. Whitehead, Toronto; Dr. W. Philp, Manilla; Dr. H. H. Bouller, New Hamburg; Dr. W. Wilson, Dorchester, N. B.; Dr. J. P. Lynn, Toronto; Dr. C. W. Heltz, Chester, N. S.; Dr. A. R. Lander, Frankville; Dr. W. Weir, Merrickville; Dr. H. Yates, Kingston; Dr. H. Orton, Ancaster; Dr. McCay, Blairton; Dr. Munro, Montreal; Dr. F. H. Wright, Toronto; Dr. H. Bingham, Manilla; Dr. A. McKay, Beaverton; Dr. G. W. Campbell,

Montreal; Dr. Maxwell, Bear River; Dr. McIlmurray, Toronto; Dr. H. W. Lloyd, Coldstream; Dr. H. E. Bissett, Hawkesbury; Dr. T. Blackwood, Pakenham; Dr. J. Salmon, Simcoe; Dr. A. Greenlees, Toronto; Dr. R. H. Wright, St. Johns, Que.

Dr. Graham, then read the report from the Committee on Medicine, which appears in this issue.

The following gentlemen were appointed a Nominating Committee:—Drs. Macdonald, of Hamilton; Kennedy, of Toronto; Sweetland, of Ottawa; Rodger, Cameron, and Robillard, of Montreal; and Botsford, of St. John.

### AFTERNOON SESSION—MEDICAL SECTION.

Dr. Macdonald, of Hamilton, Chairman. Dr. Stewart, of Brucefield, Ont., Secretary.

#### ECHINOCOCCUS DISEASE IN AMERICA.

Dr. Osler communicated the results of an inquiry into the prevalence of the affection on this continent, and stated that he had been able to collect from the journals and private sources 61 instances. Drs. Temple and Graham each narrated a case.

#### AXIS TRACTION AND TARNIER'S FORCEPS.

Dr. Cameron, of Montreal, read an elaborate paper on this subject, illustrated by diagrams, etc. The head followed the axis, and the problem to be solved was the best means of assisting nature. Some advocated traction, some leverage, some compression, others a judicious combination. He exhibited different specimens of the forceps, and explained the difference between the *vis a tergo* exerted by nature and the *vis a fronte* of the forceps. There were three kinds of forceps, the straight, the pelvic curved, and the curved with tractors of Tarnier. The advantage of the straight forceps was that they did not interfere with the natural rotation of the head, but a great disadvantage was that when the head was high up the instrument could not fail to come in contact with the coccyx. There was also the liability to slip and injure the perineum and soft parts. The curved forceps were less liable to slip, but the line of traction was not in the axis of the pelvis, and if the instrument was

so adjusted as to bring the line of traction right, it would be sure to come in contact either with the symphysis pubis or the sacrum. To combine the advantages of these two kinds of instruments and eliminate their disadvantages, Tarnier had invented his double tractor, which had the advantage of action along the traction axis and at the same time permitting the natural rotation of head. The objections urged against Tarnier's instrument were its clumsiness and cost and the danger of injuring the internal cavity.

Dr. Holmes, Chatham, said he had been accustomed to use the forceps in the manner recommended by Dr. Albert Smith, both as a lever and as a tractor. He also found it advantageous to advise the woman to abstain from direct pressure, and he had thus been enabled to avoid laceration.

Dr. Temple remarked that he was not prepared to concede all said in favour of Tarnier's forceps; they have not had sufficient use for their universal adoption in all cases; they are expensive, cumbersome, complicated, and difficult to keep clean; the only advantage he thought they have over the double curved long forceps is in posterior occipital positions; in this position their traction is very similar to the long straight forceps, which are much more easy of application in this position than the curved forceps and less liable to slip. He was much in favour of simplicity in obstetric forceps.

Dr. Stewart, of Brucefield, could not see the advantage of Tarnier's forceps over the older forms. He had seen in Vienna cases of rupture of the vagina and death after the use of this instrument.

#### THE USE OF THE UTERINE SCOOP IN INEVITABLE ABORTION.

Dr. Alloway, of Montreal, gave his experience of the use of this instrument in twenty cases. He strongly recommended its use instead of the placental forceps. He criticised at length certain of the views on the treatment of abortion.

Dr. Tye, of Chatham, said he really thought they were passing through the iron age in the matter of obstetrics. After seeing all the for-

ceps and scoops and other iron instruments, he really congratulated himself that he was not a woman. In his practice he relied chiefly on the instruments provided by nature, and he found them very suitable.

Dr. Rodger, of Montreal, while he disapproved of undue multiplicity and complication of instruments, yet thought that the valuable assistance rendered by them could not be overlooked. He spoke in favour of the tampon and placental forceps in abortion. After their use, and twenty-four hours' plugging of the os, matters were found in a satisfactory condition.

#### EVENING SESSION.

At the opening of the evening session, the President delivered the Annual Address.

#### SURGICAL SECTION.

Dr. Grant, of Ottawa, Chairman. Dr. Ross, jr., of Toronto, Secretary.

#### SPASMODIC TORTICOLLIS.

Dr. Roddick, of Montreal, exhibited a patient who had suffered for many months with a very painful spasmodic contraction of the muscles of one side of the neck. The man was obliged to hold his head in his hands if he wished to keep it steady, and this was only temporary. Electricity and many other remedies were tried in vain, and Dr. Roddick divided some of the muscles subcutaneously with but little benefit. The actual cautery was applied on several occasions to the back of the neck with the most satisfactory result. The man recovered completely.

#### REST AND TRACHEOTOMY.

Dr. Major, of Montreal, advocated rest in all diseases of the throat, and rather denied the harm sometimes attributed to over-rest, claiming that (unless under tracheotomy) perfect rest was not attainable in the larynx, as the function of respiration had to be carried on even if that of phonation were suppressed.

Dr. Ryerson entirely agreed with Dr. Major in regard to the value of rest in laryngeal troubles.

Dr. Elsberg, of New York, said he held that it was the duty of those who devoted them-

selves to special subjects to give the results of their special knowledge to their brother practitioners. He had some years ago had his attention drawn to the fact that the principle of rest in cases of inflammation applied to the throat as well as to any other part of the body. Under the influence of rest inflammatory conditions subsided, and, perhaps, gave way to renewed action. The larynx was moved in three functions, namely, in the production of voice, in breathing, and in swallowing. The first was a voluntary action, and it was possible, therefore, to secure complete rest. Breathing, though absolutely necessary for life, might be made easier, and by tracheotomy the larynx might be relieved from active participation in respiration. Was it advisable to practise tracheotomy for this purpose? He did not share in the opinion that it was a simple or harmless operation, but he considered it was valuable in appropriate cases. With regard to the third function, swallowing, tracheotomy did not afford complete rest, but other means might be taken to give partial rest.

#### CERVICAL RIBS.

Dr. Shepherd, of Montreal, read a paper on three specimens of this anatomical peculiarity. Two of them were exhibited to the Section. He also demonstrated his method of strapping "caked" breast.

#### ECZEMA OF THE NIPPLE AND CANCER OF THE BREAST.

Dr. Grant, of Ottawa, read the notes of a case of this kind, and referred to Sir James Paget's observations, which had proved a connection between this affection and the development of breast cancer.

### SECOND DAY.—SEPTEMBER 7TH.

GENERAL SESSIONS.—After routine business, the

#### REPORTS OF COMMITTEES

were proceeded with.

Dr. Francis J. Shepherd, of Montreal, presented the report on Surgery. (Published in this issue.)

The report on Therapeutics was read by Dr. Tye, of Chatham, Ontario. It dealt largely

with the use of electricity in various affections, and the influence of different kinds of currents. In referring to the large number of new pharmaceutical preparations which had been introduced, he thought the majority of them were more beneficial to the manufacturer than to the patient.

Dr. Canniff presented an elaborate report of the committee appointed at the Halifax meeting to seek from the government improved legislation in respect to sanitation and vital statistics. It was arranged that the committee should meet and draw up resolutions to be communicated to the Premier.

The meeting then resolved itself into Sections.

### MEDICAL SECTION.

#### A PECULIAR FORM OF FEVER.

Dr. Harrison, of Selkirk, Ont., read a paper descriptive of four unusual cases which presented the following features: The disease came on insidiously, as a remittent fever, with slight tenderness of the bowels, hemorrhage from the nose, pain in the head and back of the neck; changed to intermittent of the quotidian or tertian type; was entirely beyond the influence of quinia, was complicated with strabismus, arching of the neck, painful contraction of the muscles in various parts so as to cause screaming or sudden piercing shrieks; ran a course of from four to fourteen weeks, two of the patients dying, one in the thirteenth the other in the tenth week. No autopsy.

In the discussion which followed, most of the speakers regarded it as a form of cerebro-spinal fever. Drs. Holmes and Tye, of Chatham, referred to similar cases.

#### DIPHTHERIA.

Dr. Mullin, of Hamilton, Ont., reported two cases of diphtheria—one of diphtheritic croup, in which tracheotomy was followed by a successful result; in the other the membrane appeared on the left tonsil and uvula, and the case ended fatally through septicæmia. He referred to considerations showing that it was a constitutional disease, and that local applications could not remove it.

## CHOLERA INFANTUM.

Dr. Holmes, of Chatham, Ont., read a paper on cholera infantum, from which the following conclusions were deduced: 1. Secure for every child proper sanitary conditions. 2. Only resort to artificial feeding when no other course can be adopted. 3. When obliged to feed a child artificially, regulate in the strictest manner the quantity and quality of the food, and persist in none that experience shows to disagree. 4. Maintain the child's temperature at or near the normal, by means of cold sponging. 5. Avoid astringents and opiates. 6. Rely upon laxatives combined with very minute doses of hydrargyrum, frequently repeated. The importance of carrying out the fourth indication was considered very great.

## NERVE-STRETCHING IN SCIATICA.

Dr. Stewart, of Brucefield, Ont., read the reports of three cases of sciatica and one of painful stump treated by stretching the sciatic nerve. One case of sciatica was cured and the remaining two greatly relieved. The result in the case of painful stump is also very satisfactory. It was shown by tracings taken during the stretchings that ether has little or no effect, while chloroform has a marked influence in reducing the blood-pressure and rate of the pulse.

## TUMOUR OF FRONTAL BONE COMPRESSING THE BRAIN.

Dr. Prevost, of Ottawa, reported the case of a man, aged 48, with a tumor projecting from the frontal bone on right side. It had produced exophthalmos, but very little cerebral disturbance. Coma and death ultimately supervened. The tumour had pushed back the dura mater and compressed the frontal lobe to a considerable extent.

Dr. Cameron, of Toronto, exhibited a boy with

## PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS,

and commented upon the general features of the disease. He called special attention to the mode of arising from a kneeling or recumbent posture, which was very well exemplified in his patient.

Dr. Temple, of Toronto, mentioned a case of this disease occurring in a man aged 64.

## ECHINOCOCCUS OF LIVER, BURSTING INTO LUNG.

Dr. Black, of Uxbridge, read the notes of the case. The patient, a clergyman, had had an hepatic tumour for over four years. It had been tapped, and the diagnosis of a hydatid cyst made. Latterly septic symptoms supervened, and the spleen became greatly enlarged. Death was caused by bursting of the cyst into the lung, with the discharge of a quantity of pus. A large suppurating hydatid cyst was found in the liver; it had burst through the diaphragm. A huge single cyst existed in the spleen.

## PHANTOM PREGNANCY.

Dr. H. P. Wright, of Ottawa, reported the case of a middle-aged woman who had borne two children; believed herself to be pregnant; thought she had quickened; and a month after the time she expected to be confined, presented an abdominal tumor and peculiar movements which simulated somewhat those of a child. It was thought at first that there might be an ovarian tumor; but on putting the patient under ether, the true nature of the case became evident.

## CHEMICAL COMPOSITION OF THE MILK OF DISTILLERY-FED COWS.

Dr. Ellis, of the School of Practical Science, Toronto, together with Prof. Croft, had examined the milk of sixteen cows—eight of which were fed on distillery refuse and hay, and eight upon other kinds of food. No distinction could be made between the two classes of milk by microscopical observation, and no difference was observed as to keeping qualities. The specific gravity of the milk of the distillery-fed cows averaged 1,029, and in one case fell as low as 1,025. The specific gravity of the milk of the other cows averaged 1,032. In the milk from distillery-fed cows, the total solids averaged 14.64 per cent., and reached in one case 17.96 per cent. In the other milk the average was 12.82 per cent. The excess of solids in the distillery-fed cows is owing to an increased quantity of fat, which averaged 5.50 per cent, in the distillery-fed cows, and reached



in one case 8.49 per cent. In the other cases the fat averaged 3.27 per cent.

### SURGICAL SECTION.

The Section met at 3 p.m., Dr. Grant in the chair.

#### OBSTRUCTION IN THE AIR-PASSAGES.

Dr. HINGSTON, of Montreal, related cases illustrating the effects of foreign bodies in the trachea and bronchi, the two most remarkable instances, being false tooth in the windpipe for over three months, and a pin in the trachea for eleven months.

#### POLYPOID FIBROMA OF THE BLADDER.

Dr. FULTON, of Toronto, described the case, which occurred in a child one year and eight months old. Symptoms of stone were present, but nothing was discovered with the sound. Pus occurred in the urine. The child died suddenly from rupture of the bladder. The specimen was shown to the Section.

#### POLYPUS NASI.

Dr. RYERSON, of Toronto, strongly urged the use of glacial acetic acid in these tumours, and preferred the snare to the forceps.

#### MODERN LITHOTRITY.

Dr. WALKER, of Detroit, gave an account of several cases, with a summary of the advantages of this method of operation.

#### NEW OPERATION FOR HARELIP.

Dr. GOODWILLIE, of New York, showed an instrument for keeping the parts together, and advised the operation immediately after birth.

#### AFFECTIONS OF THE ORBIT AND FRONTAL SINUS.

Dr. R. A. REEVE read a paper on "Orbital Diseases," giving the features of some orbital affections, and, in view of the uncertainty often felt as to their nature, alluding to the utility of exploratory incisions as an aid to diagnosis. Malignant disease may start in the orbit proper, and it should, of course, be attacked without delay, but it not infrequently spreads to the orbital tissues from the eyeball, lids, &c., as in the case of glioma, sarcoma, and

epithelioma. The importance of an early correct diagnosis and of timely removal of the eye or other diseased parts was urged, albeit in some cases of long standing and far advanced the removal of the contents of the socket with the use of zinc chloride, &c., or again of the lids and other superficial parts had proved effectual. In the latter instance a plastic operation could be conjoined or be done later, in order to relieve deformity. Specimens of tumors and photographs of cases were shown.

#### EXCISION OF THE KNEE.

Dr. FENWICK, of Montreal, showed a series of photographs and specimens, illustrating his last series of excision cases. Of twenty-six excisions of the knee in the Montreal General Hospital, two had died, and in two cases subsequent operation was required. One of the deaths was due directly to heart disease.

Dr. CAMERON, of Toronto, presented a patient who had sustained a fracture of the ischium and sciatic dislocation last February. Reduction of the dislocation could not be maintained, yet the man was able to get about fairly well, and had returned to work; also an ununited fracture of femur, patient being able to walk with a leather support; also an immense recurrent tumor of the face, in which for the primary disease the right upper jaw had been removed five years ago followed by a quiescent period of three years. General health still unaffected.

#### ECZEMA TREATED WITH VIOLA TRICOLOR, OR WILD PANSY.

Dr. FERGUSON reported three cases successfully treated by the internal administration of this drug.

A paper by Dr. MILLS, of Montreal, on

#### "MISTAKES TO BE AVOIDED IN TREATMENT OF AFFECTIONS OF THE NOSE AND THROAT,"

was taken as read.

### THIRD DAY.—SEPTEMBER 8TH.

After routine business Dr. WORTHINGTON, of Clinton, Ontario, read a paper on

#### CLIMATOLOGY,

dealing chiefly with the subject of malaria in

the Ontario peninsula. In the portion of the Province bordering upon Lake Erie, the St. Clair district, and the southern end of Lake Huron, malaria still abounds, but the general opinion, obtained in answer to certain queries, is that it has lessened with the increased cultivation and better drainage. The poison seems more active after July, and a long dry period after a wet one renders it particularly prevalent.

It was suggested that, in addition to more thorough drainage and the removal of superfluous dams in the streams, the eucalyptus tree might be planted in certain districts.

In the discussion which followed, Dr. McDonald, of Hamilton, referred to the general decrease of the disease with the better cultivation of the land. It had occurred every year in Hamilton for the past thirty years.

Dr. Osler referred to the increase of the affection in certain districts which had been hitherto almost free from it, or in which it had not been seen for some years. He believed it was spreading in the New England States and in parts of New York, about Montreal, and in this city, where malaria is almost unknown, cases originating in the district had become more frequent.

The report of the Special Committee on Sanitation and Vital Statistics, was then read by Dr. Canniff.

The following resolutions were adopted :

1. That for the present the sanitary statistics shall be confined to the cities and larger towns of the Dominion, such to be published monthly, and the deductions therefrom to be circulated in the various centres specified.
2. That for future guidance in sanitary matters a commission should be appointed by the Dominion Government, in order, in consultation and co-operation with the various Local Governments, to arrive at some common basis of action in carrying out such sanitary measures as may be necessary for the guidance of the Dominion Government.
3. That such commission shall consist of at least two or more medical men with a legal adviser, whose duty it shall be to examine carefully into the various requirements of such action in sanitary matters.

The Nominating Committee reported the following

#### OFFICERS FOR THE ENSUING YEAR :

President—Dr. Mullen, of Hamilton.

Vice-Presidents—for Ontario, Dr. Tye, of Chatham ; for Quebec, Dr. Gibson, of Cowansville ; for New Brunswick, Dr. Atherton, of Fredericton ; for Nova Scotia, Dr. Jennings, of Halifax ; for Manitoba, Dr. Kerr, of Winnipeg.

General Secretary—Dr. Osler, of Montreal.

Treasurer—Dr. Robillard, of Montreal.

Local Secretaries—for Ontario, Dr. Saunders, of Kingston ; for Quebec, Dr. Brunelle, of Montreal ; for New Brunswick, Dr. Coleman ; for Nova Scotia, Dr. Almon, jr. ; for Manitoba, Dr. Whiteford.

The report was adopted and the nominees were duly elected. In the

#### MUSEUM

Dr. Sutherland exhibited a series of twelve specimens illustrating some of the Modes of Termination of Aneurism.

Dr. Osler exhibited slides of the Bacillus of Anthrax, and the Bacillus of Tuberculosis.

Dr. Graham exhibited slides of Koch's Tubercle Bacillus and Ponfick's Actinomyces.

After the usual vote of thanks, etc., the meeting adjourned at 12.30.

The next place of meeting is fixed for Kingston, Ontario, on the first Wednesday of September, 1883.

#### SANITARY CONVENTION AT ST. THOMAS.

The Convention opened September 19th. Mayor Van Buskirk in the chair.

Mayor Van Buskirk, M.D., delivered an address of welcome on behalf of the citizens of St. Thomas. He then referred to the immense field covered by sanitary measures, and felt convinced that it could not be gone over at a single convention. He recognized the wisdom of the Legislature in creating the Provincial Board of Health and dilated on the importance of the work undertaken by it. Letters of regret at inability to attend were read by the Secretary, from Dr. Bray, President of College of Physicians and Surgeons,

Ontario, Dr. Harris, Secretary of State Board of Health, N.Y.; Dr. Baker, Secretary of State Board of Health, Michigan; Dr. White, Chief Officer of Health, Detroit; and Dr. Edwards, London. The President's Inaugural address was postponed till the evening. Judge Hughes, of St. Thomas, then read an excellent and instructive paper on food adulteration which elicited considerable discussion in which Drs. Oldright, W. H. Ellis, Yeomans, Wilson, M.P., Mr. Emerson Coatsworth, and others, participated, and the following resolution was passed: "That the Chairman appoint a committee to consider and report on desirable amendments to the Inspection of Food Act, with a view to secure prompt inspection and analysis of suspected commodities at the instance of private consumers. Drs. Yeomans, McLarty, Coyne, and Messrs. Farley and Casey were named. Drs. Oldright, McLarty, and Luton, were nominated a Committee to inspect and report on Sanitary Apparatus. In the evening a letter was read from Prof. W. B. Carpenter, C.B., M.D., regretting his inability to be present, and making some valuable suggestions in reference to sanitary matters.

Dr. Oldright then delivered the Inaugural Address, in which he dealt broadly with various topics of Sanitary Science and Practice, and enforced the value, particular and general, of Sanitary Conventions. Dr. W. H. Ellis, then read a valuable paper on the Impurities of Water, which elicited much general discussion, and judging by the number of questions the Doctor was called upon to answer, must have been a source of interest and instruction to many. Dr. R. W. Bruce Smith, of Sparta, and the Rev. Prof. Austin, of Alma College, St. Thomas, then followed with two valuable papers, the former on the subject of Contagion, and the latter on that of Public Schools and Health, after the discussion of which the meeting adjourned.

*September, 20th.*

The committee appointed to examine sanitary apparatus reported. They had examined the earth closets of the Earth Closet Company, 13 Jarvis Street, Toronto, and of John Cameron, No. 1 Victoria Street, and were very much

pleased with them. Their great advantage was their automatic action, which was very good and not liable to get out of order. They recommended the substitution of the dry earth system instead of the use of privy pits and cesspools, now so common. The committee had also examined the diagram of a patent trap, styled an "air syphon trap," by Mr. J. Caldwell, of Edinburgh, Scotland, and staying at 75 Richmond Street, Toronto. On this they expressed a qualified opinion. The report was adopted.

Registrar McLachlan, of St. Thomas, in supporting it, made some remarks as to the adoption by municipalities of the earth-closet system.

Dr. J. Coventry, of Windsor, read a paper on the prevention of small-pox. He said that the following diseases were, to a large extent, preventable, viz., cholera, yellow fever, typhoid and scarlet fever, small-pox, diphtheria, measles, and whooping-cough. These diseases might all be circumvented by isolation and disinfection. He gave an account of the restriction of scarlet fever in Windsor during the present year. The physicians were required to report all cases within twenty-four hours after discovery. The house was at once placarded with the name of the disease, and where possible one large room was selected as a hospital, and carpets, window hangings, and upholstered furniture removed. The members of the family attacked were taken to this room and kept there until all shedding of the skin had taken place. No members of the family were allowed to leave the premises except those who did not come in contact with the infected members. After recovery and exfoliation strong sulphurous soap was used to wash with, and all clothing was thoroughly disinfected by means of sulphurous acid gas. No public funeral was permitted; interment was urged without delay, and the hearse and carriages were at once disinfected. During part of the epidemic the schools were closed. The citizens lent all their aid to co-operate with the board. Small-pox made its appearance in the same town last April, and similar measures were adopted, with the addition of vaccination. None but citizens had power to pass compulsory vaccination laws. This power, under the approval of the Board of Health, should undoubtedly be extended to other municipalities.

He also advocated strict quarantine on all the borders of the country. Children should be taught the rules of hygiene at school. In some subsequent remarks he said that out of forty persons attacked with small-pox, in Windsor, ten were not vaccinated, and eight of these died. The remaining thirty were vaccinated, and none of them died.

Dr. Kains would like to hear some expression as to the working of the Act creating the Board of Health, and whether the provisions for the isolation of disease and placarding houses were practicable.

Dr. Oldright said the placarding of houses had most beneficial results. As to the objection that it would have a bad effect on the place, he would much sooner live in a town where houses were placarded and sanitary measures adopted than where they tried to cover such things up. Referring to but one disaster, he felt safe in saying that by proper sanitary measures they would prevent the equivalent of a Victoria disaster every year. The board had only advisory powers, and they recommended the isolation of scarlet fever patients, and other means of prevention. He related a case of death resulting from getting a cloak made at a house where there was scarlet fever. Toronto was following the example of Windsor, but had not yet got to the point of compulsory isolation and the placarding of houses. One objection was that it would interfere with business. Even if they considered the matter from a pecuniary point of view, the disease was worse when covered up than when the house was placarded. He read some scathing remarks by Dr. White as to placarding being a violation of personal liberty, and denounced as absurd the doctrine that placarding was a breach of the confidence reposed in a physician. It was due to Dr. Coventry and his fellow-workers in Windsor that small-pox had not spread through this portion of the province.

A vote of thanks was passed to Dr. Coventry for his valuable paper.

Mr. Colin McDougall, of St. Thomas, thought the convention should give an expression of opinion on the subject.

#### DIPHTHERIA AND SCARLET FEVER.

Dr. P. H. Bryce spoke especially on the subject of diphtheria and scarlet fever. These were not apparently so dangerous as small-pox, but really created much more havoc. Measles also caused much mortality, as there was but slight attention paid to the disease. In many of these afflictions it was very difficult to know the nature of the disease for the first twenty-four hours, and that time was sufficient to communicate the infection to others; and parents should at once apply to their family physician in order to have the disease properly diagnosed. It was just because these diseases did not appear dangerous that their total mortality was so large. He had last year the opportunity of seeing a great deal of diphtheria in Guelph. The sanitary provisions were bad, and the mortality very great, probably a hundred deaths. He considered the chief reason of this was the slight attention paid to these diseases.

The following resolution, moved by Mr. Colin McDougall, and seconded by Dr. Bryce, was carried:—

"That this Convention has heard with much pleasure Dr. Coventry's account of the success which has attended the adoption in the town of Windsor of measures for arresting the spread of scarlet fever, diphtheria, and other contagious diseases, and would urge upon other municipalities the adoption of similar measures, such, for instance, as the prompt isolation in their own houses or in hospitals of the first and all cases of these diseases, which at present make such havoc among our people."

Dr. W. C. Van Buskirk, of St. Thomas, read a paper on sewerage as a sanitary measure. He said that there were three modes of disposing of sewage. The first was the old method now in use in St. Thomas, namely, the cesspool, receiving all the filth from a house and acting like a fermenting tun in a brewery, constantly in action from fresh accessions, and giving rise to noisome effluvia (ammonia, sulphuretted hydrogen, and carbonic acid), thus poisoning the atmosphere, while owing to the imperfect condition of the walls the excreta pass through the porous and stratified earth into the neighbouring wells. The first indication of vitiating

matter appeared when the water had been drawn for some time. It then became turbid, and they might be sure it contained sewage. On an examination of it with a microscope they would find bacteria and infusoria, the frequent cause of bowel complaint, typhoid, and kindred zymotic diseases. Bearing on the same subject was the fact lately noticed by Davaine that the splenic apoplexy of sheep is owing to the presence of bacteria in the blood, and that sheep, rabbits, and horses can be inoculated by transferring into their circulation the bacteria, which are exceedingly thin and rod-like, varying in length from one two-thousandth to one six-thousandth of an inch. The same observer had first found bacteria are present in all carbuncular diseases of whatever form; and the supervention of these little beings in the spleen, lungs, and blood precedes the occurrence of morbid phenomena, and that the carbuncular blood ceases to be contagious as soon as the bacteria have disappeared. Hence Davaine felt justified in regarding them as the cause of carbuncle. If one contagious disease could be proved to be connected with the germs, it was almost certain that similar diseases must arise from corresponding causes. The second method, dry earth closets, was the best for suburban parts of a city where the expense of constructing sewers and conveying water for the purpose of flushing would be too great, and where slops and dish-water may be disposed of in compost heaps or on the surface of the earth, dry earth or ashes being sprinkled over them from time to time. The dry-earth system only enabled part of the sewage to be removed. Dish-water contained gravy, bits of meat, &c., which, when thrown out, underwent putrefactive fermentation, and gave rise to unwholesome smells. The system, therefore, was clearly not adapted to thickly settled districts. The plan recommended by Col. Waring, in use at Memphis, was by some considered the most preferable. It was a small sewer or pipe drain laid on each side of the street, having no openings into the streets for ventilation. Consequently, should fermentation take place there, the foul gusts would be more apt to force open the water seals in the houses than if there were openings in the streets. They were also objectionable because of the expense

of laying two separate drains. There were many persons in St. Thomas under the erroneous impression that sewers by producing gases do more harm than good. In the early days sewers were built very large, as it was deemed necessary that they should be entered and cleaned out, and these are still to be found in many places where the flat nature of the country gave them the character of a prolonged cesspool. But where a fall of one foot in three hundred, or even one in five hundred, could be obtained, and where the small sewer is adopted, that is one sufficiently large to convey the rain fall, house sewage, and land drainage, with flush tanks at the head of each to wash every particle once in twenty-four hours, fermentation, and consequently the formation of gas, was prevented. Ventilating tubes fixed to the soil pipes outside of buildings would prevent any pressure on the water seal, and would freely ventilate the sewer.

The reading of this paper gave rise to a long discussion on the question of sewage, particularly with regard to the drainage of St. Thomas. Drs. Coventry, Oldright, Bryce, VanBuskirk, Registrar McLachlan, Ald. Hunt, and others took part.

A vote of thanks was passed to the chairman for his paper.

Dr. Cassidy, of Toronto, read a paper on the heating and ventilation of buildings. During the summer months ventilation was obligatory, and was efficiently carried out, but during winter it was difficult to combine heating and ventilation without the expense consequent on the free consumption of fuel. Yet much might be done at small cost by an intelligent application of certain methods. In the first place, the house must be perfectly clean; in the second place, every room should be furnished with a fire-place, grate, or open flue communicating with the heated chimney. These flues should be made to open at the base line of the room, and communicate directly with the open air. Thirdly, a sufficient supply of pure, warm air should be distributed to the various living rooms. The speaker then showed a diagram of this heating plan of ventilating a room heated by a coal stove. Ventilation was obtained by a four-inch globe opened at the

bottom, taking air from the floor, and connecting with the chimney. By means of this pipe the heated chimney carries foul air out of doors. Where heating by hot air was adopted it was necessary that the inlet and delivery of pipes be kept clean, and it would be well to have a fine wire screen over the outer and inner orifices of the inlet pipe. In large buildings heated by steam or hot water the same principle of efficient supply and exhaust must be observed. He explained the old and new methods of ventilation used in the Detroit House of Correction, the latter and preferable being by extending ventilating shafts from behind the several cells to and through the roof in some instances, and in others utilizing old neglected flues or shafts to rarefy the contained air and thus induce an inflow below, and a continuous exhaustion. This supplies the needed exhaustion, while beneath and in front of a large window on either side of said corridor are placed large bores made to fit the windows closely, containing an abundant steam coil, and so arranged that on opening the lower sash of the window fresh air is permitted to flow down behind an intervening screen, and beneath this steam coil and hence up through said coil, to be discharged by a well-regulated opening at the top. After describing a somewhat similar method of ventilation in the Toronto General Hospital in the older portion of the building, he said that a more efficient system of exhaust would be to provide four flues, each containing a coil of steam pipe, for each ward. These flues could be grouped in a central column passing from flat to flat, terminating in screened outlets at the roof. The ventilation of the more modern part of the Toronto hospital is furnished by the Reynold's system. The exhaust is obtained by a central shaft passing from the basement through the roof and terminating in an ornamental chimney. This shaft contained a central iron tube used as a flue for the furnace in the basement, which heated the baths. Each room was connected with this shaft by ventilating tubes opening at the base line of the room. In winter, when the doors and windows were closed, the outside air, collected by a large tube, passes over a dome in the base-

ment heated by a furnace, whence it is distributed to the various rooms by tubes opening in the walls about three or four feet from the ceiling. Provision is made for lowering the temperature. This system is really admirable. Whatever method is adopted all soil pipes, closets, lavatories, drains, &c., should be provided with independent ventilation by pipes extending beyond the roof. Another question of importance was the supply of a sufficient quantity of moisture with heat. Water absorbed impurities, and also rendered the heat more agreeable to the health. It might be evaporated in pans, or placed in a section of pipe which conducted hot air from the cellar to the room above. Care should be taken that the water was fresh and the vessels clean. The proper ventilation of cellars was of the first importance, and the system of ventilation by flues already described, should be applied to them. Carbonic acid was a very hurtful ingredient of impure air, but there were others of a more complex nature escaping from the clothing, the lungs, and the skin. Fortunately carbonic acid gas was endowed with a power of diffusion, which prevented it from exercising its poisonous power. Though much heavier than air it rapidly diffused itself, and was present in the air near the ceiling as abundantly as near the floor.

Dr. Yeomans said 12 per cent. of the deaths in this province were from consumption—an essentially in-door disease, and one which resulted, to a great extent, from impure air, and, therefore, Dr. Cassidy's paper was one of great importance.

Principal Miller, of the St. Thomas Collegiate Institute, said that the foundation of ill-health, produced by breathing impure air, was laid in the Public Schools. The majority of the schools were constructed regardless of the question of ventilation. This was a matter to which public attention should be drawn.

Registrar McLachlan, of St. Thomas, gave one or two instances in which he saw the principles enunciated in Dr. Cassidy's paper practically applied. One was a Church in Georgetown, and it possessed the additional advantage of economizing the fuel.

A vote of thanks was passed to Dr. Cassidy for his paper.

Votes of thanks were passed to the County Council for the use of the Court House; to the various Railway Companies for reduced fares; to Mayor Van Buskirk for the able manner in which he had presided over the meetings; and to the representatives of the press.

The Convention then finally adjourned.

The smallness of the attendance is attributed to the counter-attraction of the fair, but in other respects the Convention was a most successful one.

#### NORTH-WESTERN BRANCH, ONTARIO MEDICAL ASSOCIATION.

A meeting of the above branch was held at Palmerston, on Thursday, August 17th. Dr. Stewart, of Brucefield, presided. About thirty members were present. After the usual preliminaries, Dr. Mackid, of Lucknow, showed a case of scrofulous disease of the ankle-joint, which elicited a good deal of discussion as to whether it was proper to attempt to save the limb, or amputate in order to preserve the patient's life.

Dr. Yeomans, of Mount Forest, presented a very interesting, but rather obscure, case of disease of the spinal cord. The patient is 58 years of age, previously healthy; a year ago last April had an attack of pleuritis, followed by loss of power in the upper extremities; subsequently symptoms of paralysis occurred in the lower extremities. He cannot walk without crutches, cannot stand or walk with his eyes closed. His powers of co-ordination are at fault; no feeling of constriction; feels as if walking on a very rough surface. Patellar tendon reflex present, no pain in spinal column. Any smooth article placed in his hand feels as if it had a rough uneven surface; No delayed sensation. Habits of life have always been good. Increased irritability by electricity.

Dr. Stewart, of Palmerston, showed a case of infantile paralysis, having two separate lesions, the right arm and left leg being paralyzed. Also, a case of neuramatous tumour of the ulnar nerve, accompanied by severe pains,

no doubt resulting from injury at the same time he received a compound fracture of the humerus.

Dr. Burgess read a very instructive paper on "The pulse variations and their significance," which was well received.

Dr. Stewart read an able report on a case of abdominal section, for fibro-cystic tumour of the uterus, on which he operated 28th of June last. The patient was a young woman, 18 years of age. Tumour was first noticed three years ago. Abdominal incision was 10 inches long, pedicle divided in two by carbolized silk dropped back into the abdominal cavity. There were no adhesions. A drainage tube was left in. Thorough antiseptic precautions (Listerism) were used throughout. Had been mistaken for an ovarian tumour. Complete recovery. Tumour weighed 12 lbs., which was shown to the members present.

Dr. Standish, of Palmerston, opened a discussion on the etiology and treatment of diphtheria, in which the following gentlemen took part:—Drs. Macdonald, Youmans, Jones, McNaughton, Cowan, Gunn, Clapp, Philp, Bethune, Collinge, and Halsted.

The following resolutions were passed:

That two meetings be held instead of three, as at present, each having three sessions.

That the next meeting be held in Palmerston, on the first Tuesday of Feb. next.

That Drs. Burgess and Graham prepare by-laws for the use of the branch.

The following gentlemen were appointed by the President to prepare papers for next meeting:—Drs. Gunn, Cowan, Macdonald, and Holmes.

Luke Teskey, M.B., M.R.C.S., Eng., Prof. of Anatomy in the College of Dentistry, has been appointed Assistant Demonstrator of Anatomy in Trinity Medical School. We regard the selection as a subject of much congratulation to the School.

We regret to have to record the death, from cancer of the tongue and pharynx, of Dr. John N. Reid, of Thornhill, aged 52, who was for many years Professor of Physiology in the old Medical Department of Victoria College.

### Miscellaneous.

Pidoux, Trousseau's eminent collaborator, died in Paris on 4th of September.

Erb succeeds the late lamented Friedrich at Heidelberg.

Chiari, the new Professor of Pathology at Prague, is 30 years old, and has made 8,000 post-mortem examinations.

The Seventh Annual Meeting of the American Gynecological Society was held in Boston on the 20th, 21st, and 22nd of September. Dr. T. A. Emmet, President, in the Chair. Mr. Knowsley Thornton, of the Samaritan Hospital, London, was present.

**MODE OF ADMINISTERING MALE FERN.**—Herr Dietrich (*Pharm. Zeitung*) recommends as most successful the administration of the extract along with castor oil. He gives it in flexible capsules, each containing 1 gramme of the extract, and 2 grammes of oil. One dose consisting of six such capsules, preceded by a laxative, is found effective.

M. Lajoux, of Rheims, found a substance sold at a very low price under the name of *silvery glycerine*, which was simply a saturated solution of magnesium sulphate, (i. e., containing about one third of its weight of the salt at the ordinary temperature,) sweetened with 160 grammes of glucose to the litre.—*L'Union Méd. et Sci. du Nord-Est*.

The Medical Faculty of McGill University celebrate the opening of their Jubilee Session by a *Conversazione*, in the Peter Redpath Museum, on the 4th, and a dinner at the Windsor Hotel, on the 5th inst. We heartily extend our best wishes on the auspicious occasion, and trust that the Faculty may go on and increase the good work they have been doing, especially in the last few years, in the cause of medical education.

In Wadd's *Nugæ Chirurgicæ* (London, 1824) there is an account of one John Foy Vaillant,

a physician of the early part of the eighteenth century. He was famous for his collection of medals, and so enthusiastic in this pursuit, that he is reported to have swallowed six ounces of medals to secure them from the Algerines, when once in danger of being captured; but the wind changing in his favour he got safely on shore. When beginning to be incommoded by his indigestible curiosities, he consulted two physicians who were puzzled by the singularity of his case. Nature however relieved him from time to time, and as he found himself in possession of his treasures, he explained with much pleasure to his friends those already arrived, as well as those he daily expected. A valuable Otho was the last that came to hand.

**PULVIS DOVERI.**—People whose "inward griefs and peristaltic woes" have been relieved by the powder of Dover, do not generally know to whom they are indebted for this excellent compound. Doctor Dover was a friend and probably pupil of the great Sydenham. He commenced practice in Bristol, where having made some money, he longed to make more. The Roll of the College of Physicians tells us that he joined with some merchants in fitting out two privateers for the South Seas, in one of which, the "Duke" he himself sailed from Bristol, 2nd. August, 1708. On the passage out they touched at the Island of Juan Fernandez, where Dover on the 2nd. February, 1708 9 found Alexander Selkirk, who had been alone on the island for four years and four months, and whom Dover brought away in the "Duke." In the April following Dover took Ginaguil, a city or town of Peru, by storm. In December, 1709, the two privateers took a large and valuable prize, a ship of 20 guns and 190 men, in which Dover removed from the "Duke," taking Alexander Selkirk with him as master, and finally reaching England in October, 1711. After this cruise Dr. Dover removed to London, where his practice soon became great. His patients, and the apothecaries who wished to consult him, addressed their letters to the Jerusalem coffee house, where at certain hours of the day he received most of his patients.



# THE Canadian Journal of Medical Science.

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TORONTO, NOVEMBER, 1882.

## Original Communications.

### DIPHTHERIA.

BY JOHN A. MULLIN, M.D., HAMILTON.

(Read before the Canada Medical Association,  
Sept., 1882.)

In considering the influence of treatment in any disease, it is of primary importance to recognize not only that the special disease is present but also the course which it will probably take if no medication is used. As regards diphtheria it is highly probable that many forms of treatment have obtained popularity because they have been adopted, in some instances, when diphtheria was not present, and also in a large number of cases where the disease was present in a form that would terminate favourably solely through the *vis medicatrix Naturæ*. As with measles, and scarlatina, so also with diphtheria, there are mild forms; in other words it occurs under circumstances, either constitutional or local, favourable to throwing off the disease. I apprehend, too, that many cases have been regarded as diphtheritic where the patient has suffered from an inflammatory affection of the throat, the result of what is called a cold. During the autumn, winter, and spring months we frequently find patients suddenly taken ill with chills, fever from three to four degrees above the normal, soreness of the throat, redness and swelling of the tonsils, and an exudation of a yellowish colour more or less extensive, generally thin, in spots corresponding with the depressions of the follicles and sometimes in small patches. This form of illness may affect two or more

members of a family, and its prevalence at times in different families distant from one another seems to indicate a dependence upon some general influence. The symptoms are severe for, perhaps, twenty-four hours, and then rapidly pass away. It is not accompanied or followed by croup or other diphtheritic complications or sequelæ. It differs from the mild form of diphtheria in the urgency of the symptoms at the outset, the patient's being suddenly ill with a local affection that seems severe, and a high fever which quickly subsides; while the latter is attended with scarcely any elevation of the temperature or acceleration of the pulse, and the local symptoms give but little trouble. So frequently is this the case that we are often called when symptoms of croup have appeared after the patient's complaining of symptoms apparently due to a cold, and an inspection of the throat has shown the presence of diphtheritic disease. In a family, one of whose members had died a few weeks before from diphtheria, another child complained of slight soreness of the throat, and an examination of the fauces daily for three days discovered small spots of diphtheritic deposit. There was scarcely any elevation of temperature until the morning of the fourth day, when croup symptoms supervened of an alarming character, and the child died the next day.

A case of diphtheritic croup came under my care recently where urgent symptoms appeared after an illness of only a few days. G. H., aged 6½ years, had ague at the end of the previous week, for which quinine was given on Saturday. The following Sunday and Monday he appeared quite well; on Tuesday the 1st of August his parents thought he had a slight cold; Wednes-

day evening, after being hoarse in the afternoon, he presented symptoms of croup, and, on visiting him at 9 p.m., I found the temp. 100, cough and breathing croupy, but not much embarrassment—the mother said he was worse at intervals. The tonsils were a little red; on the left side there was a slight chronic enlargement; no membrane could be seen. An emetic of ipecac was given, with small doses at intervals through the night; hot applications to the throat and inhalations of steam.

The lad had been healthy with the exception of ague, of a healthy family with no indications of hereditary weakness; he lived in a cottage in the suburbs, the premises were isolated and carefully kept, the unfavourable influences to which he had been exposed were malarial, residing only one block from the bay, and there were probably unhealthy emanations of another kind from the waters of the inlet, not far distant into which the Cathcart street sewer discharges.

August 3rd.—Pulse, 100; temperature, 100; respiration, 36; cough dry, breathing croupy, and appears to have been much embarrassed at intervals through the night. It was more easy at the time of my visit in the forenoon, 9 a.m. Fauces somewhat red, and at one or two spots the appearance of the left tonsil was suspicious, but no membrane was perceived. Slight enlargement of the glands behind the lower jaw. The ipecac and steam inhalations were continued. At 4 p.m. of the same day, received word that the condition was alarming, and found him breathing with very great difficulty, and almost asphyxiated,—temperature, 100½. Chloroform was administered, and my friend, Dr. Malloch, performed tracheotomy. When the trachea was opened, a small piece of membrane was expectorated, and the tube being inserted, the difficult breathing was relieved. The trachea was opened below the isthmus of the gland, and Foulis's tubes were used.

August 4th.—Pulse, 109; respiration, 30; temperature, 100½; skin moist, respiration easy, no spasms in the night, small portions of membrane were coughed through tube. Patient was kept breathing the steam.

Tr. fer. ch., pot. chl. and glycerine given.

August 5th.—Pulse, 110; respiration, 24,

temperature, 100; portions of membrane expectorated; the tonsils on both sides show small spots of exudation.

August 6th.—Pulse, 109; respiration, 20; temperature, 100.

August 7th.—Pulse, 100; respiration, 18; temperature, 99. Muco-purulent expectoration.

August 8th.—Pulse, 100; respiration, 18; temperature, 98½. Muco-purulent expectoration.

August 10th.—Pulse, 96; respiration, 18; temperature, 98½; skin moist, tube removed, respiration easy, can speak with the opening closed. The progress of the case was favourable, except ague at the end of second week—two attacks,—and the patient made a good recovery.

Wm. A. S—, aged 19, barber, had for several years enjoyed good health; suffered from measles and whooping-cough in childhood, but no illness of importance since, except occasionally a slight cold affecting the throat which passed away in a few days. The family history shows no unfavourable features, except the death of an uncle from phthisis. The parents are both living, middle aged and healthy. This is the only child. Residence on John St. near Rebecca, in one of two frame houses in a block, the ceiling of first floor 9 feet, the second less than half a story, house close to the street, the yard about 15 feet square, the water-closet 12 feet from the door of kitchen, the wash-water has been thrown into it, and the tenants frequently complained of the foulness of the yard.

On the 1st July the lad went to the beach, and when the present illness came on he thought it due to catching cold on that day. Four days afterwards he complained of lassitude, and the throat was sore; that day, however, and the following, he continued at his usual work. On the evening of Thursday the 6th, the throat was very painful, and he was giddy. As the symptoms were growing more severe, I was called in. The tonsil on the left side was much swollen, and presented a thin yellowish film; he complained of severe pain, and difficulty of swallowing, and a sensation of choking; the pulse 100, temperature 101°; skin dry. On the morning of the next day the general symptoms were similar; there

was slight swelling of the glands behind the jaw; the tonsil more swollen, and also the uvula, which was cedematous; the yellowish exudation continued as on the previous evening. On the 8th, the glands behind the jaw on the left side were very much swollen, and the left tonsil and uvula, more swollen than before, presented a marked diphtheritic membrane. This day an hæmorrhage occurred, and a sanious discharge from the nostrils; the pulse increased in frequency to 120, and the temperature rose to 102°. These symptoms continued for three days, the discharge from the throat being very offensive. Tr. fer. chl. pot. chl. and glycerine were given, and each morning ten grains of quin. sulph. On the 11th, the swelling of the tonsil and uvula was less, and the membrane had, in great part, separated; on the 12th, the membrane had disappeared, leaving the tonsils, pharynx, and uvula of a dark red colour, and not much swollen; the pulse 90 per min., temp. normal; the patient had become much reduced, the emaciation being marked. On the morning of the 13th my visit was postponed till mid-day. A little before I arrived the patient's condition seems to have changed very much for the worse; the parents stated that he felt a choking sensation when he attempted to swallow even liquids; a teaspoonful of water given was coughed up at once, mixed with bloody mucus. Turning the patient on his side, he swallowed with less difficulty, but only a part of a teaspoonful could be given without exciting a spasm of coughing; the temp. 98, pulse 45 per min., the respiration 18, the general surface cold, the throat of a dusky red colour. The urine had through the illness been passed in usual quantity; it was now examined, and found to contain albumen. The remainder of this and the two following days the condition continued similar. The emaciation became more marked; respiration 16-18 per min., pulse 45, temperature subnormal. Saturday about midnight the pulse was found increased in frequency, and became more rapid and feeble towards morning; he died about 11 a.m. the 16th.

Efforts were made during the illness to clear the throat with the syringe, using a solution of

salt, but with little avail, for the patient could not be prevailed upon by his parents to use local treatment, or take the medicines as directed. The quantity of nourishment taken in the form of milk and beef-tea was limited. Stimulants were ordered, but little taken. The patient was at times delirious, but generally spoke rationally in reply to questions, until within a few hours of his death.

These cases, so different in their form, the course of the disease, and the result, illustrate the different manner in which the diphtheritic disease in its action upon the system is modified by age and local conditions—the croupy form occurring in the younger, and without septic results, as he was placed as regards residence in a condition more favourable for resisting the constitutional effects of the disease; the other form, occurring in a young man whose days were spent in an in-door occupation, and who lived in a house where hygienic requirements were to a great extent neglected. The proper treatment for the septic form has an important relation to that for the croupy, for upon the efforts of local and general remedies to a great extent depends the question of the time at which an operation should be performed, for the relief of the condition which threatens to destroy life by apnœa (asphyxia). If it is possible by local means to modify to any great extent, and quickly, the disease in the throat and air passages, so much the longer may an operation be delayed, but if this can not be done, it seems to me that, when symptoms of laryngeal or tracheal diphtheria present, an early operation is demanded, while the importance of constitutional treatment is recognized. Many seem to think that the disease may be modified by the use of remedies applied locally, for on looking over cases reported, we notice constantly the belief that local applications are of primary importance. It is true the members of our profession are far from unanimous as regards the local applications that are thought most useful; sulphur, the sulphites, carbolic acid, chloral, tinct. of iron, salicylic acid, borax, oxalic acid, tinct. of iodine, nitrate of silver, benzoate of soda, creosote, lime water, phosphate of soda, and many other medicines, have had the credit of being spe-

cially useful in the treatment of diphtheria. Each remedy is supposed to act upon the disease locally, some in one way, some in another; one writer, essaying to attack the disease from more than one point, recommends a combination of chloral, salicylic acid, sulphite of soda, and glycerine, and believes that in it he has found that which acts as "an energetic antiseptic, anti-fermentative, disinfectant, hæmostatic and preservative, as well as a destroyer of parasitic organisms." The efficacy of local remedies may be shown in the modification of the inflammatory conditions which co-exist with the diphtheritic deposit. In the hope of doing something in this way, I have advised inhalations of steam, frequent spraying of the throat, and the washing of the inflamed parts with warm water, and saline solutions thrown in with a syringe.

The inhalations of steam may be of value in cases where the symptoms refer to the larynx and trachea, and in one case where the dyspnoea was very great through a laryngeal complication, the use of the steam-spray atomizer was attended with good results. Some have placed value on solvents, as liq. potass. and lime water, in the belief that they will dissolve the diphtheritic membrane; my own trials with liquor calcis did not succeed in dissolving the membrane expectorated in the case treated recently; some of the mucus adhering to it was dissolved in a few minutes, but there remained portions of the membrane which resisted the action of this agent for a month. Some, regarding the disease as due to the agency of low forms of vegetable life, hope by destroying these to remove the disease. I may not be sufficiently impressed with recent theories regarding the action of these agents upon the human system. It is possible that the atmosphere may be the abode of countless germs which invade our bodies and destroy vitality, and that we are to a greater or lesser extent exposed to their influence unless we ascend, as Prof. Hueter remarks, "mountainous regions, near and above the line of perpetual snow." If this be true, it would account for the difficulty met with in the treatment of severe forms of diphtheria. With respect to the micrococci present

in suppurating wounds, Dr. Ogston says that "once they have gained access to a wound it is not easy to eradicate them. Ordinary Lister dressings will not do so. After weeks of dressing with carbolic lotion, carbolic oil, 1 to 16, and 1 to 8 in strength; after the use of dressings with boracic lint, salicylic acid, and chloralum, all carefully and thoroughly applied, they were found in the wounds and ulcers in nearly as great numbers as before, and it was clear that these applications, at least as ordinarily employed, though generally sufficient to kill bacteria and bacilli, are powerless to eradicate micrococci. The only way in which I succeeded in destroying them in wounds where they had once established themselves, was by cauterization with a strong solution of chloride of zinc, or by strong frictions with a 5 per cent. watery solution of carbolic acid." The micrococci present in diphtheria may possibly be less tenacious of life, but these low forms of vegetable life seem to have high degrees of vitality, the lower the form the higher the degree, for they seem to exist and survive where all animal life dies; and if our hopes of treating the disease with success depends upon the agency of remedies applied to the throat with a view of destroying these organisms, I think that those who have often tried the influence of agents upon the vegetable growth present in tinea tonsurans will not be sanguine of results in combatting diphtheria on this line.

Dr. Bilkington says that 60 per cent. of all cases will recover without treatment, 5 per cent will die no matter what treatment may be employed. These figures show how wide a field there exists for forming incorrect conclusions as to the usefulness of remedies. There remains, however, a sufficiently large proportion of cases for us to enquire in what manner, and to what extent, the disease may be influenced by remedies local or general.

There seems some reason to believe that when it first appears this disease is a local one; it has been produced by localized infection, and it is probable that it begins in that part where the germs have been planted. But does it follow that by attacking it there it will be cured? A chancre is produced in the same

manner, so also is the vaccine vesicle ; but will the removal of either result in the prevention of the infection of the system ? It has not been so proved. And as diphtheria is thought to resemble them through being caused by a local inoculation, so it must be held that like in these cases where the local manifestations are seen there has also taken place a constitutional infection. It has been thought that if the appearance in the throat is destroyed there will not be a subsequent extension to the nearest glands, and thence to the general system. But is it not true that when we notice the slightest appearance in the throat, we find also that the glands are already enlarged ? And if afterwards the glands become more and more enlarged, may we not with good reason refer it to the continuance of the effects of the original irritation. I do not doubt that the absorption of the results of decomposition in the throat may aggravate the glandular swelling and still increase the blood-poisoning, whatever that may be. And a recognition of this possibility will lead us to adopt those local measures which will tend to prevent such consequences, although not expecting thus to cure the disease. It seems, therefore, altogether opposed to the analogies we have to regard diphtheria as a local disease at that stage when it comes under our observation. Could we at the moment when the germ is implanted recognize the fact, it might be reasonable to place great value on those remedies which act locally, but from the considerations which occur to my mind, it seems that we err if we fail to recognize the disease as one involving a constitutional infection ; and that we should treat it upon the same principles as guide us in the treatment of similar diseases, using, it may be, local remedies to prevent putrid collections, but not expecting through their action to remove, antagonize, or dissolve away the disease.

The death of Staff-Surgeon W. St. George Davis, R.N., is announced, at the great age of 96. He entered the Royal Navy in 1806, and was present at many of the great naval battles of the early part of the century.

### SOME MISTAKES TO BE AVOIDED IN DEALING WITH DISEASES OF THE NOSE AND THROAT.

BY T. WESLEY MILLS, M.A., M.D., L.R.C.P., LOND.

Assist. of the Prof. of Physiology, McGill College ;  
formerly Clinical Assistant at the Throat and  
Chest Hospital, London, England.

(Read before the Canada Medical Association, Toronto, Sept., 1882.)

That noses differ in external characteristics widely enough has been a matter of such observation as has been turned to the widest account by literary writers ; but that noses assert their individual idiosyncracies strongly, as they come under the notice of the physician, has not been very clearly pointed out, and yet, I venture to think, that there is no organ in the body of which this holds true to a greater extent than of the nose. One is constantly learning that applications that are too strong for certain cases are scarcely felt by others, belonging, apparently, to the same pathological class. This may be owing to imperfect diagnosis ; yet such can scarcely be the whole explanation. The treatment of catarrh has been, upon the whole, so unsatisfactory, that many physicians have reluctantly adopted the incurability of nasal catarrh as an unwelcome article of their medical creed ; and this is the first serious mistake the practitioner is liable to commit. It paralyses the physician and discourages the patient. Catarrh is a most intractable disease, but it should not be pronounced incurable, unless we also class under that division a large number of diseases, for which we profess to be able to do much. I am not sure that the term catarrh, or nasal catarrh, applied as it is to so many various forms of disease of the nasal cavities, and with much less accuracy than the term Bright's disease is to a certain class of disorders of the kidneys, is not responsible for some of the unsatisfactoriness in connection with the class of diseases in question. The term is very vague ; it may cover much ignorance ; it allows of a very ready, but a very imperfect, diagnosis—in fact, such a term is in every way bad, and should be only applied in a transitional state of knowledge. To ask is catarrh curable, seems to me about as vague a question as to ask is Bright's disease

curable? Is lung disease curable? Holding, then, that the nasal cavities may be the seat of a great number of diseases more or less allied, or if you will, of many stages of one disease, so different in character, however, as to require the widest diversity of treatment, it must be evident that to manage them successfully, the diagnosis must be accurate; the more so because the nose is the most exposed organ in the whole body, in fact, the only one that is so constantly exposed to every injurious influence that may float along on the ever-present atmosphere. Its mazy recesses are peculiarly ill-adapted for perfect scrutiny, and every help of artificial light and mechanical contrivance is needed to overcome the natural difficulties.

The limits of this short general paper will not permit of a discussion of instruments. What is required, is, of course, such arrangements of light, and such appliances as will give the observer a perfect view of the whole of the nasal cavities and the whole of the nasopharynx. Now, no *single* form of speculum, or other similar instrument, answers this purpose in every case; what is most suitable for one case, or under certain circumstances, may be quite inadequate in another. But, after all, is not the best instrument any physician can carry about with him, or keep in office, a strict medical conscience. If he has that, he is pretty sure to get the other necessary ones, and, what is of more importance, to use them. In no case should any individual be subjected to treatment for what he may call catarrh till he has been submitted to as careful a physical examination as the practitioner can make; for, with an organ so extremely sensitive as the nose, a very little treatment, if wrong, may do very much harm, possibly of a permanent kind. Nor should this examination be confined to the field within view from the front, but the rhinoscope should picture the condition of the nasopharynx, for the major part of the trouble may be in this region. As this application of the laryngeal mirror is not in all cases easy, even in practised hands, it is well in cases of doubt to pass the finger up gently, but decidedly, behind the soft palate, and explore by touch. If this be done, growths (and adenoid vegetations are not uncommon) can scarcely escape detec-

tion. Some people have a pleasing belief that they are accompanied by an invisible good spirit that ever manifests a benevolent interest in their welfare; whether they believe equally or at all in the presence of a corresponding evil agency, I know not; but if there be such a spirit that dogs the footsteps of the medical man, especially when he has arrived at that stage of development designated by the prosperity suggesting term, "busy practitioner"—I say, if there be such a spirit, it is the demon of routine in practice; and 'tis so seductive a devil, one may be led half-way to medical perdition without knowing anything of his scientific longitude. Now, if any one organ has suffered from routine treatment it is the nose; of course, I speak of the dark ages that preceded our time. It would be interesting to know how many cases of catarrh so-called have been treated without the nasal douche or some of its modifications. So common has this treatment been, that the laity have caught the belief of its necessity and acted upon it. Lately I had a case of this kind who had carried out this treatment with a vengeance. He did not use the favourite "teaspoonful of salt in a cupful of lukewarm water," but he used, as he said, "plenty of salt and cold water," by insufflation, on the advice of a lay friend. The result corresponded with the treatment. In a week he had painful disease of both ears—*otitis media*—I take it, and now, some months after, he has thickening and opacity of both drum-heads, and can hear the watch only at three inches. After careful observation on others, and some experiments on myself, as to the effects of the introduction of such fluids as are commonly used for cleansing and medication, by the anterior nasal douche on the syphon principle, and by insufflation or sniffing of fluid I conclude that: (1) In a large number of cases no douche or other form of cleansing apparatus of such kind is at all required. (2) That as a means of medication the anterior nasal douche is a failure. (3) It is not free from danger, especially in the hands of the ignorant and obtuse patient, and the danger is greatly increased if there is any sort of obstruction in the nasal passages. (4) Neither the nasal douche nor insufflation perfectly cleanses

the naso-pharynx; the former least so. (5) The long continued and frequent use of a douche produces nasal thickening. The same remarks apply to the insufflation of liquids, the danger, perhaps, being greater, as by the effort to draw up the fluid the muscles of the pharynx are called into action, and the Eustachian tube may be opened and the fluid sucked up into the middle ear. The posterior nasal douche is less dangerous, but is difficult and unpleasant to use, and in some cases induces neuralgia, &c. As a general rule douches may, I think, be considered unnecessary in the treatment of catarrh; if a cleansing apparatus requires to be used at all, an atomizer, throwing a continuous spray, applied either anteriorly or posteriorly, according to circumstances, is, perhaps, the best. When the secretions are fetid, or hardened into crusts, or acrid and corroding, they must, of course, be removed by some such means, but an abundance of secretion does not necessarily imply the use of any form of detergent apparatus. The limits of this paper will not admit of my dwelling on the reasons for these conclusions, but they are shared, I find, by more than one recent writer of extensive experience in this class of diseases. But the actual harm produced by the long-continued use of the means referred to, in producing infiltration and consequent thickening of the mucous and sub-mucous tissue of the nose, is a most serious matter, and does certainly occur. If the nasal douche and kindred agencies are employed, the patient should be most carefully instructed in all details as to its use. The temperature and specific gravity of the fluid to be used are matters of great moment; moreover, as indicated before, individuals so differ, that no absolute rule can be laid down for every one. I am now satisfied that a large number of cases of nasal catarrh would be benefited by constitutional, in addition to local, treatment; and, in some cases, it is doubtful whether a cure can be effected without the use of internal remedies. It would be a mistake to treat a case of catarrh without having ascertained, with ordinary minuteness, the habits of the individual affected, for these may be such as to constantly undo what the treatment effects. Inquiries in regard to the air habitually breathed, and as to

whether there be exposure to draughts or other causes of chill, are especially important. Coldness of the lower extremities is, in some persons, a very powerful agency in inducing and perpetuating catarrh. However, the causation of this malady is a subject requiring much more investigation, and is one of those questions on which a society like this, with representatives from so many different localities, might, I would suggest, throw some light.

## II.—DISEASES OF THE THROAT.

Allusion will be made to but one form of acute disease of the pharynx, because mistakes are not so commonly made in the treatment of acute diseases of the throat as of the chronic forms. Cases in which the tonsils are somewhat, perhaps, only slightly enlarged, but are several times a year the subject of inflammation, generally accompanied by acute pharyngitis, and occasionally by acute laryngitis, are not very rare. Individuals are met who have been thus troubled for, perhaps, fifteen or twenty years. A close inspection of the tonsils, even when the patient is free from an attack, reveals a pitted condition of these organs—the little follicles being filled with inspissated whitish secretion. Now, instead of touching such tonsils, which are always the starting-point of the mischief, with nitrate of silver or other caustic, why not remove by operation the diseased, and, therefore, worse than useless parts, and thus prevent repeated attacks of the disease extending, it may be, through the third of a lifetime? I cannot help thinking it is a radical mistake to leave such tonsils without operative treatment. But, although the throat specialists of largest experience are unanimous on the question of excision of tonsils, the general profession is, perhaps, rather conservative in this particular still. There is a good deal of prejudice with the public in regard to operative measures applied to these comparatively unimportant structures; part of this may be due to clumsy, slow, and otherwise defective modes of procedure. Had there been any serious objection to abscision of the tonsils, when mischief plainly arises from their presence, it would be natural to suppose that those, whose experience extends over

thousands of cases, would have ascertained and stated that objection. This subject of tonsilotomy is an interesting and important one, as well as uvulotomy, but this paper does not pretend to be more than suggestive on any point. With regard to excision of the uvula, there is one point of very great importance, and that is, the amount to be removed. The action of the soft palate is important in speaking and singing, as well as in swallowing, while it is regulated, and its action completed, so to speak, by the uvula. I think it may be laid down as a principle to follow, that only so much of the uvula ought to be removed as is necessary to leave a stump which, when healed, will be of the length of the uvula originally, and *not shorter*. There is a certain amount of retraction, of course, after operation, and this must be allowed for. One occasionally meets with an almost entire absence of uvula as the result of operation. Allow me to repeat that, slight as this operation may seem, it appears to me to be, especially in the case of those who use the voice in singing or public speaking, a matter of the most serious character. As it is of the utmost importance, both in tonsilotomy and uvulotomy, for the operator to see exactly what he is about, the best illumination possible should be employed, and, as a rule, this will mean artificial light and a good reflector.

#### CHRONIC PHARYNGITIS

is a disease so common, it may be assumed, that cases fall to the care of every physician. To treat this and other forms of throat disease so much more with nitrate of silver than other remedies, is one of the mistakes from which we are not yet free. The general swab-around of all the parts beyond the base of the tongue—the latter getting a liberal share of attention in the general struggle, while the patient is half-choked—is a method of treatment which, though not extinct, need only be mentioned to be condemned. Such treatment might be considered justifiable in the case of a young child with whom no better can be done; but in the case of an adult, with a chronic disease, there is no excuse for such procedure. It is important to ascertain in a case of pharyngitis, whether it has extended from the naso-pharynx;

it will be always advisable to make inquiries in regard to present or previous naso-pharyngeal catarrh. If the latter has existed, before a cure can be considered complete, the naso-pharynx will, in all probability, require treatment. In my own experience, the sprays recommended in the books for pharyngitis are much too weak. To be of any serious value I find that a spray must possess the strength of xx to xxx grs. to the oz. of water, &c., at least. There is but little time left me to speak of the larynx; in fact, I shall condense my remarks into three or four propositions, if you will have the goodness to excuse so dogmatic a form. (1) In all cases of phthisis, or suspected phthisis, the laryngoscope should be used early, and if there be catarrh or congestion of the larynx, treatment should be carefully applied. (2) The attempted local application of remedies to the larynx, by means of brush, probang, &c., without the use of the laryngoscope to guide the hand, is inefficient, unscientific, and dangerous. What would be thought of such treatment in the case of the uterus or rectum, organs far less sensitive and vital! (3) The laryngoscope should be used to make the diagnosis in all cases of dysphonia or aphonia, lasting longer than ten days at the most. Within six months I have met two cases of serious foreign growths on the vocal cords, that were overlooked through neglect of this precaution. (4) In the case of public speakers and singers, especially, who suffer during functional use of the voice from hoarseness, &c., it is of the greatest importance to get all the parts of the throat above the larynx into good condition, as the laryngeal mischief is generally a result, in fact, a sort of reflex of the disease in the parts indicated. This class of patients, however, not infrequently requires on the part of the physician, not only considerable skill and experience, but special natural and acquired abilities; in fact, it is well that he should know both theoretically and practically, at least a little of the arts that engage both the musician and the public speaker.

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Rossbach has been called to Jena to fill Nothnagel's place.



## NOTES ON THERAPEUTICS AND PHARMACOLOGY.

BY R. L. MACDONELL, B.A., M.D., M.R.C.S.

(Assistant Demonstrator of Anatomy in McGill College. Physician to the Montreal Dispensary.)

### THE ABORTIVE TREATMENT OF GONORRHOEA.

There are many remedies for gonorrhœa. Thirty eight are mentioned in Dunglison's Practitioner's Reference Book. Mr. Cheyne, in a recent number of the *Lancet*, describes a new abortive treatment, which is based on the theory of a germ origin of the disease.

All surgeons nowadays are agreed in condemning the old abortive treatment, the injection of a strong solution of nitrate of silver, in order to thoroughly alter the nature of the inflammation.

In estimating the value of any particular line of practice, we must remember that the greater part of our success depends upon the condition of the general health of the patient. Rest in bed is half the battle. Mr. Cheyne does not say whether his patients were kept quiet, or whether they followed their daily occupations while under treatment.

An antiseptic urethral bougie is the engine of destruction by which the gonorrhœa germ is to be killed. This is to be made four or five inches long and about as thick as a No. 10 catheter. It should contain five grains of iodoform, ten minims of eucalyptus oil to about forty grains of cacao butter.

The patient is told to pass water; he then lies down and an iodoform and eucalyptus rod is dipped in eucalyptus oil and passed into the urethra, a small pad of boracic lint is applied over the orifice, outside this a large piece of gutta percha tissue, the whole being fastened on by strapping. He is told to allow this to remain on as long as he can, generally about five or six hours. He then takes it off, passes water, injects one or two syringefuls of the sulpho-carbolate of zinc solution (two grains to the ounce), and if the case is very acute another rod is introduced. Afterwards the injection is to be used as often as possible, six or seven times a day, always passing water before its use in case any infective material should remain

in the urethra, which might be driven back before the injection. Boracic lint is to be placed under the prepuce. Purgatives and salines to be given. Mr. Cheyne is a believer in the efficacy of copaiba (half a drachm three times a day). After the acute symptoms have subsided an astringent injection is to be substituted for that of the carbolate of zinc.

Fifty-one hospital patients were treated, more or less in the way described. In forty-one the average time from the commencement of the treatment, until complete cessation of the discharge was 9.9 days. Of these four cases lasted longer than 14 days, being 18, 26, 28, 30 days respectively under treatment.

The results are thus summed up:—This treatment has the effect in the great majority of cases of acute gonorrhœa, of checking the acute symptoms in a day or two, and bringing the disease rapidly to a chronic stage, thus avoiding all the risks dependent on the violence of the inflammation. The discharge at this time is amenable to treatment, and gets rapidly well under the use of suitable remedies. The essential parts of the method are the use of the bougie and the injection; but the rapidity of cure is much aided by commencing the use of copaiba or sandal wood at once. This method may be employed at any stage of the disease, but, according to the experience of its originator, only of use before or during the acute stage up to (say) the eighth day. The result is the more marked the more acute the inflammation, the rapid subsidence of the inflammatory symptoms being very striking.

With regard to the efficacy of balsam of copaiba in gonorrhœa some practitioners have doubts. The following case certainly proves the fact that it has a specific effect upon the urethra. One of my patients aged 22, came to me on the 13th October, 1881, with a recently contracted gonorrhœa. I ordered him a purge and directed him to inject frequently with a very weak chloride of zinc solution. The discharge was very slight at the end of a week, but it persisted until the 28th November. There had been no bubo, chordee, or marked ardor. On that day I gave him pills of copaiba (McKesson and Robins) ordering him three to be taken on the first day, five on the second,

six a day afterwards. The usual dose is one to four pills thrice daily. On the third day, the six-pill day, the discharge suddenly became copious, and purulent. The prepuce became inflamed, phimosis, scalding, and inguinal tenderness set in. In fact there was all the appearance of a severe new attack. The discharge continued to be free for about a month. For some months afterwards there was a slight gleet. There was no chance in this case of the attack having been a really fresh one, for dependence can be placed on the patient's statement that such was not the case.

#### THE TREATMENT OF PHTHISIS BY ANTISEPTIC INHALATIONS.

The recent discoveries as to the nature of tubercle, lead us to suppose that we have in hand a solution of the problem as to how it ought to be treated. A spray of a germicide solution would destroy the bacteria and with them the disease. Disappointment is likely to follow this expectation. Dr. Saundby,\* a man who has had much experience with consumptives, states that the inhalation treatment, though a valuable and rational method for allaying cough, diminishing expectoration, and indirectly promoting the healing of the inflamed and ulcerated pulmonary tissues, has not led him to modify his views as to the gravity of the prognosis of pulmonary consumption.

Antiseptic surgery is a different thing from antiseptic medicine. The Listerian uses his carbolic acid to prevent the formation of germs, while in tubercular phthisis we attack a citadel of which the enemy is in full possession. And again, as Dr. Saundby points out, surgeons have not found that carbolic acid is of any special service in the treatment of surgical tubercular disease; cod-liver oil and sea air are still needed to promote the healing of wounds in strumous subjects; and finally but by no means least in importance, antiseptics are known to be of small value when the wounded surfaces have been for some time exposed to the air, especially when they are deep-seated, irregular, and practically out of reach.

The discovery of a parasite is not the discovery of a remedy. Germicide remedies have

been found to be of no special advantage in diphtheria.

"We do not possess a cure for relapsing fever or anthrax, nor has it been worth any one's while to announce that Eklund's discovery of the bacillus lepræ is the foreshadowing of knowledge mightier still, which shall cleanse the leprous skin, heal the ulcerated limbs, restore the blighted features, and make the flesh again like the flesh of a little child."

It behooves us, then, to set about the study of the remedies likely to effect the desired object. Dr. Robert J. Lee (*British Medical Journal*, June 24, 1882) throws out a few useful suggestions. After many experiments he finds that carbolic acid is the only antiseptic as far as I know which can be volatilized in a definite and constant manner. If a solution of one part of carbolic acid in 80 of water, be distilled under slight pressure, the vapour will contain the same proportion of the acid as the solution during the process of boiling; so that we can obtain vapour of any strength and diffuse it in the atmosphere.

It is necessary to observe that vapourizing a solution in the form of spray does not volatilize the antiseptic to any great extent, since the dew settles quickly upon the nearest surfaces, and does not rise and diffuse itself as the vapour of steam does.

But many observers doubt the benefit of steaming inhalations. Dr. Coghill is convinced that the steaming process is not only inefficient, but in every respect positively injurious. It relaxes the tissues with which the vapour comes into contact; it encourages suppuration where the ulcerative process has begun, and it tends, therefore, to increase expectoration and cough and consequently the distress and exhaustion of the patient. Moreover, there is risk from the exposure of the air passages to air of a lower temperature after hot inhalation.

Dr. Coghill's antiseptic solution for inhaling is as follows: R. Tinct. iodi etherealis, acidi carbolic, aa. ʒii; creasoti vel thymoli, ʒi; spiritus vini rectificati, ad ʒi, M. Where cough is urgent, or breathing embarrassed, chloroform or sulphuric ether may be added at discretion.\*

Dr. Hunter Mackenzie's plan is to insist

\* *Practitioner*, September.

\* *British Medical Journal*, May 28th, 1881, p. 841.

upon continuous inhalation. Intermitting spraying or inhaling does not produce the same result. Creasote is his favourite, used either pure or dissolved in one to three parts of rectified spirit.\*

Dr. W. Williams' apparatus is a wire framework which goes over mouth and nose covered with carbolic gauze. The whole affair is dipped into a watery solution of carbolic acid of the strength of 1 in 40; the gauze itself being renewed every two or three days. The respirator should be worn constantly.†

Dr. S. Wilson Hope's suggestion is a good practical one. His plan requires no special apparatus and costs nothing. Cut from an ordinary roll of wadding two pieces large enough to cover the nose and mouth. A diamond shape answers very well. Now remove the skin like substance which coats the pieces; put them together and fold them in a piece of thin muslin, to the end of which ribbons may be sewed, and your inhaler is made. Dr. Hope has used it for the last two years, directing the patient to drop five or ten drops of creasote between the layers of wadding, fold it in the muslin, and to wear it for half an hour two or three times a day, or sometimes through the night. It is useful in many cases of phthisis, in some cases of chronic bronchitis, and in some cases of diffuse capillary bronchitis in young people.‡

The strength of the agents to be used in these different modes of inhalation is as follows: Amyl. nitrite, pure for adults; one in ten of the tincture for children. Benzole, rectified, used undiluted; bromine, three grains (m.j) in 299 minims of distilled water. Camphor the B. P. spirit; iodine, the B. P. vapour; iodoform used pure; creasote deodorised, used undiluted; mephitis putorius one in ten of the tincture; musk, one in ten of the tincture; phenol absolute, ten grains to one ounce of boiling water. Oleum pini, all the pine oils, including terebene, also eucalyptus, used pure; soda chlorata the B. P. liquor; sponge should not be used in an inhaler.||

\* *Lancet*, May 14th, 1881, p. 775.

† *British Medical Journal*, July 23rd, 1881, p. 120.

‡ *British Medical Journal*, July 18, p. 81.

|| *Braithwaite*. Part lxxxv. July. p. 282.

#### ETHER vs. CHLOROFORM.

This case is still before the courts. Until the ardent chloroformist has, to use a Western expression, "killed his man" he will refuse to see the danger of using this treacherous anæsthetic.

I would suggest to the practitioner, "who has used it hundreds of times and never had any trouble with it," to take the last volume of the *Lancet*, January to June, 1892. He will find in that volume alone the record of nine fatal cases of chloroform, and one of ether, poisoning. Of these not one was preventible. Many other deaths have occurred in that period and have been left unrecorded, or have been published in other journals.

It is worthy of note, too, that the proportion should be 9 to 1. This is in keeping with the published statistics. Chloroform kills 1 in 2,500, ether 1 in 23,204, or, in other words, ether is eight times safer than chloroform.

The following synopsis of these *Lancet* cases is instructive.

#### DEATHS FROM CHLOROFORM.

1. A boy, aged 9, Manchester, chloroform given for diagnostic exploration of an abscess. Quantity taken not given. Died a few minutes after administration.
2. A man, aged 50, Malvern. Reduction of shoulder dislocation. Two drachms. P. M. fatty degeneration of the heart and other organs diseased.
3. A man, aged 23, Gloucester. Excision of eyeball. Post-mortem revealed no abnormal condition.
4. A woman, Guy's Hospital. Setting a fracture. Heart examined before administration. Sudden death in two minutes. P. M. fatty degeneration of the heart.
5. Woman, at the Rotunda, Dublin. Ovariotomy.
6. Woman, aged 35, Kensington. Removal of piles. Fatty degeneration of the heart. Had previously taken chloroform for incision of fistula in ano.
7. Man, aged 52, St. Bartholomew's Hospital. Cancer of lip. No indications of organic disease.

8. Man, aged 49, Canterbury Hospital. Removal of diseased bone in the foot. No indications of organic disease.

9. Man, 27, London Surgical Home, Fitzroy square. Opening of lumbar abscess by Prof. Lister. P. M. heart quite healthy.

#### DEATHS FROM ETHER.

1. Woman, aged 54, New York. Reduction of a dislocated shoulder. Death from congestion of the lungs two hours after the operation.

On this interesting subject two papers have recently been published. Dr. Johnson, in an essay read before the Medico-Legal Society of New York, notes the fact that chloroform accidents occur, next in frequency to those in the dentist's chair, in operations about the anogenital region. These parts lose their sensibility the last and so profound anæsthesia must be induced. Dr. Johnson though, is wrong in supposing that the degree of anæsthesia is the dangerous element. Deaths have occurred from the very smallest quantity as any one who studies mortality tables will see. The following are the quantities selected from Turnbull's work on anæsthetics. "A few drops," forty drops, fifty minima. M. Vulpian recently, at the Paris Académie de Médecine explains these early deaths by showing that if chloroform be merely applied to the nostrils of an animal, respiration is sometimes arrested. Dr. Johnson believes the remnant of sensibility left in the genital region is the origin of the charges brought against practitioners by patients who have been under anæsthetics.

Among the medico-legal points made by the essayists is one which it would be well for hospital surgeons to bear in mind. "A surgeon allowing an untrained medical student to administer anæsthetics, and life being, therefore, lost, will subject the surgeon himself to a suit for damages."

Mr. Teale (*British Medical Journal*, March 11th) has more than almost abandoned chloroform. The exceptions he makes in its favour are these: in infants, in patients subject to asthma or chronic bronchitis, and also, perhaps, in cases of abdominal obstruction, with difficult breathing in which an operation has to be per-

formed. A good "etherist" can get most patients under the influence in from one and a half to two minutes, whereas Mr. Teale thinks chloroform takes longer to act. This is, perhaps, going a little too far. Ether in some cases, according to my experience, can produce insensibility in a very short time, but in the generality, the patient is not anæsthetized thoroughly for five to ten minutes.

#### REPORT ON DERMATOLOGY FOR THE QUARTER ENDING SEPTEMBER 30TH, 1880.

BY J. E. GRAHAM, M.D.,

Lecturer on Dermatology and Adjunct Lecturer on Medicine, Toronto School of Medicine; Pathologist to Toronto General Hospital.

*Rötheln*.—Dr. Cheadle, in an article on this subject, arrives at the following conclusions:—

(1) That *rötheln* is a specific contagious exanthem, distinct from either measles or scarlatina.

(2) That the period of incubation is from eleven to twelve days; the period of invasion from two to three days, but in mild cases may not be more than twenty-four hours. On these points, however, more extended observations are desirable for their precise estimation.

(3) The other features, which not singly, but taken together as a clinical proof, may serve to distinguish severe cases of *rötheln* from severe cases of ordinary measles, with which they are liable to be confounded are:—

The slightness or absence of sneezing and coryza.

The greater severity and frequency of the cough; its hoarseness and laryngeal character.

More marked catarrh of the larynx and bronchi.

The absence of intestinal catarrh, as evidenced by absence of diarrhoea.

The more papular character of eruption.

The absence of crescentic arrangement, and its frequently becoming confluent.

Higher range of temperature, and its longer persistence.

Extreme drowsiness during the eruptive stage.

The occurrence of vomiting when the eruption approaches its maximum.

The occurrence of earache during its decline.  
—*Archives of Dermatology, July, 1882.*

*Naphthol.*—Prof. Kaposi has made several experiments with this remedy in the treatment of different diseases of the skin. It is used in the form of a solution or an ointment. The solution is made as follows :—.10 to .50 gram. of naphthol in 100 of spirit and water ; from .15 to 1 gram. of naphthol to 100 of ointment. An ung. naph. co. was also used. R naphthol 15 ; axung. 100 ; sapo vir. 50 ; cretae alb. pre. 10—M.

The remedy seemed to be of great value in the treatment of scabies, psoriasis, and prurigo.

It is absorbed like tar, and separated by the kidneys and bowels. (I have myself witnessed the rapid improvement of an obstinate case of prurigo in Prof. Kaposi's clinic, from the use of this remedy.)—*Wien. Med. Wochenschr., Archives of Dermatology.*

*Iodoform in Lupus.*—Dr. Riehl has used this drug as a local application with very great success. In order to remove the epidermis, a fifty per cent. solution of caustic potass was applied after all dirt and grease had been removed by soap and water. Left in contact with the skin, a caustic solution of this strength in from one to two minutes caused swelling and transparency of the epidermis. The excess of caustic potass was washed off, and a layer of iodoform applied, and allowed to remain for from five to eight days. No suppuration was found on removal of the dressings.—*Archives of Dermatology.*

Rickman Godlee recommends the following formula : R Iodoform grs. x, ol. eucalypti 3ss., vaseline 3 j. M. To be applied to lupus after erosion.

(This formula has been found of great use in two cases in my own practice.)

*New Remedy for Elephantiasis Græcorum.*—Dr. E. Westland, acting on the theory that leprosy is due to a micro-organism, has tried salicylate of soda, with marked effect in three cases.

Dr. Thin, of London, has made a series of investigations on the habits and growth of the various parasites which infest the skin, and reported the result to the Royal Society.

"The conclusions regarding trichophyton ton-

surans which are warranted by the experiments recorded in the paper read before the Royal Society are, that it is not one of the common fungi, and that it can be cultivated artificially when moistened by vitreous humour. When it was completely immersed in vitreous humour, I found no evidence of growth.

"So far as we know, this fungus only grows in the epidermic elements of a limited number of mammals. A careful consideration of the views of previous observers, who have described it as being simply one of the common fungi, accidentally growing on the skin, has led me to the conclusion that these opinions are based on erroneous observations. In their cultivation-experiments, they had not succeeded in excluding growths of the spores of the common fungi present in the atmosphere.

"The experiments which I have tried are pregnant with instruction regarding the management of ringworm. Cases of this disease are divisible into two categories. In the first, owing to the superficial position of the spores, the fungus can be destroyed by the application of parasiticide lotions and ointments. In the second, owing to the depth of the hair-follicle, the spores are beyond the reach of these applications. In this latter class of cases, we have recourse to applications which provoke inflammation ; that is to say, to an effusion of serum around the follicles. With the thorough penetration of serum or pus through the internal root-sheath and into the fungus lodged hair-root, the parasite dies : a clinical fact established and understood by all competent observers. The limits of this paper do not permit me to enter fully into the best means of provoking this curative inflammation ; but I desire to warn practitioners against placing too much confidence in any one kind or form of application. The age of the child, the probable depth of the hair-follicle, and, above all, the degree of susceptibility of the superficial blood-vessels to irritation, must determine the substance used, and especially the strength in which it is to be employed. In all chronic cases of ringworm, the practitioner must, in the first instance, proceed cautiously and experimentally, in order to test this susceptibility of the skin, increasing the strength of his

remedies and the frequency of application until he has obtained a moderate but persistent congestion of the skin of the affected patch. With young children, this experimental process must be carried on with a certain amount of caution; with older children, and more especially with boys over ten years of age, much time need not be lost in making a very decided impression. In ringworm of the scalp, it is not so much the remedy that is of importance, as the judicious use of the remedy.

In ringworm of the body, the parasite is so well within reach, that its destruction presents no difficulty. I find one application of tincture of iodine, and subsequent scrubbing with soap and water, sufficient to effect a cure."

Dr. Thin is of opinion that in alopecia areata there is a fungus which he names the bacterium decalvans. His concluding remarks on this subject are as follows:—

"It may be well to divide the statements made in this paper into two heads: those which relate to ascertained facts, and those which relate to a theory of the causation of alopecia areata, which, I believe, is sustained by these facts.

"1. The facts are, that minute bodies of definite and fixed shape and size are found in and on the hairs in alopecia areata. These bodies are distinct from the granular elements present in hairs, and are neither oily particles nor crystals. They are of the size and shape, and have the refractive qualities, of bacteria. When present in small numbers on the shaft, the hair is entire; whilst within some hairs much affected by the disease they were found in great numbers.

"2. The theory is, that these bodies are bacteria, and that the disappearance of the hair is due to a breaking up of the hair-shaft by the multiplication in it of the organisms.

"As I believe it is desirable to give to definite objects like those which I have described a name which will mark their association with the theory I have founded on them, and as I am myself satisfied as to their nature, I suggest the term *Bacterium decalvans* as a convenient designation."\*

\* Subsequent recent investigations have confirmed the author's views regarding the existence of this

Dr. Thin's views on this subject are opposed to those of many leading Dermatologists. The latter consider alopecia areata to be the result of a trophic nerve lesion. The whole paper shows the great patience and perseverance of the author in pursuing these very delicate observations. It would appear that the vegetable parasites which grow on the skin are exceedingly difficult to cultivate, not growing at all in many solutions in which the ordinary fungi sprout out most luxuriantly.

With regard to the microsporon furfur, the parasite of pityriasis rubra, he concludes as follows:—

"The required soil for the development of microsporon is not only the human skin of certain individuals, but of certain individuals within certain limits of age. Moist parts of the skin of certain individuals during the period of sexual activity would seem to be a definition of this soil. *Tinea versicolor* develops after puberty, and disappears spontaneously on the approach of age."

A. R. Robinson, in a contribution to the histology of the skin and sensory nerves, read before the American Dermatological Society, stated that "the non-medullated nerves form plexuses both within the skin and epidermis, but in neither situation did he find the nerves ending in free extremities, as is usually stated. The majority of the medullated nerves pass into the papillæ and form loops, the fibres turning either into the corium, or into the neighbouring papillæ.

## TRICHINOSIS.

W. H. AIKINS, M.D., L.R.C.P., LOND., ETC.

The following is a report of a case of trichinosis which was treated in Rudolph Hospital, Vienna:—

The past history is incomplete, and, as no suspicions were entertained that the patient had other than an acute attack of rheumatism,

bacterium. He has now observed it in all the phases through which a bacterial organism may be traced, and will shortly be able to publish an account of methods by which it can be more readily observed.—August, 1882.

no inquiries were made to ascertain whether diseased or uncooked meat had been eaten.

Philippina K., aged 19, occupation day labourer. Born in North Austria. Came to Vienna, Aug. 23rd, was admitted into the hospital Aug. 28th, and died Sept. 5th.

Clinical history: Aug. 28th.—Patient has no history of any disease previous to the present attack. Menses regular; for past two weeks, sharp pains have been felt in both upper and lower extremities, constantly changing from one part to another; tongue coated; in the apex of the right lung the respiratory sounds are weak; abdominal wall tense; stomach distended; has had diarrhoea since last evening; left wrist and knee-joints swollen; morning temp. 100.7; pulse 102; evening temp. 101.8.

Aug. 31st.—Morning temp. 99.1; back of left hand œdematous.

Sept. 1st.—Morning temp. 99; during the day has had three fluid stools; evening temp. 103.1.

Sept. 2nd.—Morning temp. 99; œdema on dorsum of both feet, and lower extremities well marked; pain in small of back and all muscles; great difficulty in swallowing; tenderness in jaws; uvula red and somewhat œdematous; evening temp. 102.3.

Sept. 3rd.—Morning temp. 102; voice hoarse; passes urine continually in bed; pain continues in muscles while the pain in the joints is not so severe; evening temp. 101.6.

Sept. 4th.—Morning temp. 99.1; pulse 110; slight œdema on upper right eyelid; great œdema in back, over the region of kidneys; no albumen in the urine; pain in muscles much less marked; patient complains greatly when the knee-joints are moved; profuse perspirations during the day; slight diarrhoea; spleen not enlarged.

Sept. 5th.—Temp. 101.2; œdema is much greater. 11 a.m.—Both elbow joints strongly flexed; extension of arms is all but impossible; from the vagina there is a slight muco-purulent discharge; patient is very weak; respiratory sounds rough; mind wandering. Died at 2.45 p.m.

Clinical diagnosis: Acute rheumatism.

Treatment: Quinine and salicylate of soda.

*Post-mortem*: Body small, slightly built;

rigor mortis well marked; great œdema of extremities, not so well marked in the body; dependent parts of a deep purple colour; meninges and brain pale; a quantity of slimy fluid in the trachea and air passages; the mucous membrane of the larynx, trachea, and pharynx injected and ecchymosed; lungs congested and œdematous; in the pericardium about 150 c. c. of clear serum, and double that quantity in the peritoneal cavity; liver fatty; gall bladder full of dark-coloured bile; kidneys showed evidence of previous disease, their capsules were strongly adherent; in the bladder there was some high-coloured urine, its mucous membrane showed many spots of ecchymosis; the labia minora swollen and abraded; on the abraded surface there was a quantity of greenish-coloured pus; stomach and bowels distended, their mucous surface swollen; in the elbow and knee-joints a large quantity of synovial fluid.

There was nothing so far observed to account for the clinical symptoms, so the muscular tissues were examined microscopically and found to be packed with trichinæ, which were still living. When a small portion of muscle was treated with a solution of caustic potash, and mounted in glycerine, the trichinæ were observed to move slowly, uncoiling and recoiling themselves. In all the muscles I examined, with the exception of the heart, they were present in large numbers; none were encapsuled. In stained sections, around the parasite there was seen to be an inflammatory infiltration of small cells. I examined also scrapings from the mucous surface of the intestines, and found many of the parent parasites.

Since the *post-mortem* it was ascertained that the deceased had not eaten any preparation of pork during the past year, but that her meat diet was confined exclusively to horse-flesh and underdone liver.

M. Hillairet, one of the most distinguished members of the Paris Academy of Medicine in the Section of Public Hygiene, and formerly Physician to the Hôpital St. Louis, died suddenly, in September, from the rupture of an unsuspected aneurism. His age was sixty-seven years.

## CASE OF DISLOCATION OF THE HIP.

BY JOHN L. BRAY, M.D.

*President Ontario Medical Council, etc., Chatham.*

On Saturday, the 7th Sept., I was called to Louisville Switch, about nine miles distant on the G. W. Railway, to see a man who had just been run over by a hand car, containing eight men. Dr. Tye accompanied me, and, on arrival, we found a man named G. Bapel, about 45, strong and very muscular, lying on a lounge, moaning greatly, and complaining of intense pain in the left hip. He also was bruised over almost every part of his body and extremities. On examination under chloroform (for he would not allow of it without), we found the left femur dislocated upwards and backwards. The signs were well marked: knee rotated inwards; leg flexed, shortening of about two inches; and the tendons of the biceps femoris, semi-tendinosus, and semi-membranosus muscles on the stretch. After he was thoroughly under the influence of the anæsthetic, which was administered by Dr. Tye, I thought I would try what manipulation would do, and was much gratified with the result, for in less than five minutes I had the satisfaction to find the head of the bone in close proximity to the socket, and then, by elevating the head a little, it immediately returned to its place with an audible snap. I do not report this case as anything new, but to show that in recent dislocations of the femur (no matter how unpromising they may appear), how much better it is to reduce them by manipulation—when it can be done—than to do so by means of extension, either with or without the pulleys—for the ligaments about the joint are always more or less lacerated—and forcible extension, no matter how applied, does not tend to improve their condition in this respect.

This was the fourth dislocation of the hip I have had, and the only one I succeeded in reducing by manipulation, although it was tried in the other three cases; and I am persuaded that the chief reason why I failed was, that the patients were not thoroughly anæsthetised, and although Hamilton says there is more chance of reducing this dislocation by manipulation, without an anæsthetic, as certain sets of mus-

cles aid in the return of the bone, which force is lost when chloroform or ether is given. Still, I cannot agree with him, for if one set of muscles assist in replacing the femur, another and a stronger set of muscles antagonize their efforts, and it is only when the whole muscular power is lost that this difficult dislocation can be reduced with comparative ease.

*Selections.*

## FATTY DEGENERATION OF THE LIVER.

MM. Lépine and Eymonnet in the *Lyon Médical* note the fact that the diagnosis of fatty degeneration of the liver is surrounded with great difficulties. The local physical signs being equivocal and defective, the increase of volume, the form and consistence of the organ having nothing characteristic, Verneuil's sign, general dropsy and diarrhoea, having no decisive signification, and the dosage of the biliary sulphur of the urine being only indicative of diminution of the activity of the liver, they bring forward a new element to assist in the diagnosis. This new element is taken from the dosage of phosphoglyceric acid contained in the urine. Their method is as follows: Remove all the phosphoric acid by the magnesian fluid or baryta water, filter and evaporate to dryness, calcine the residue with nitrate of potash, dissolve this in a little water acidulated with nitric acid, this solution treated with magnesian fluid will show the presence of phosphoric acid anew. This phosphoric acid proceeds from the destruction during calcination of the phosphoglyceric acid contained normally in the urine, as an integral part of lecithine. In the normal state the quantity of phosphoglyceric acid contained in a litre of urine is very small—compared with the urea, about 1-200th part. This proportion in fatty degeneration of the liver may be quintupled or decupled, which happens in no other physiological or morbid condition known up to the present.

Professors Dastre and Morat have pointed out that the fat of the liver contains lecithine. MM. Lépine and Eymonnet have verified this by the direct analysis of fatty livers, and have



found the fresh liver substance (fatty) to contain 3 % of lecithine and more than 15 % in a dry liver.

#### BACTERIA OF SYPHILIS.

M.M. Martineau and Hamonic have found the bacteria of syphilis, and have succeeded in inoculating a pig with syphilis from the culture liquid. The bacteria are thus described, they are rod-shaped, of variable length but not surpassing in length the diameter of a blood globule, formed of a clear matter and contain no trace of a nucleus, envelope nor granulations. They are grouped by twos or are single or are joined end to end and two by two, but between the conjoined bacteria there is a small clear space so that properly speaking they are not in contact. Some are joined so as to form more or less an open angle, and sometimes three by three. They offer divers movements around a central axis like a compass needle, some pirouette around a transverse axis, others around one of their extremities which appears fixed, others have an undulatory or serpent-like movement. Numerous other bacteria of varying sizes, forms, and movements were seen.

These bacteria above described were obtained by immersing an excised indurated chancre in a flask containing Pasteur's culture fluid. The liquor lost its transparency in three hours, in six a small grey deposit had formed and in twenty-four hours, the bacteria were found and inoculated into a young pig, in whose blood the next day were found analogous bacteria. A control experiment was made by inoculating a second pig with serum from an infecting chancre and four days after bacteria analogous to those of the first experiment were found in the blood, and shortly afterwards papular syphilides appeared, persisted for many days and finally disappeared two months after the experiment.—*L'Union Médicale*.

Signor Maudelin affirms that the violets *v. syrtica*, *v. tricolor*, and *v. arvensis* contain from 0.083 to 0.144 per cent. of salicylic acid. The other species contain none. The wild violet has much more than the tricolour. It is the action of salicylic acid that explains the use of the violet in pharmacy.—*Nature*.

#### CONTAGIOUSNESS OF CONSUMPTION.

The conclusions of a paper on this subject, read at the last meeting of the British Medical Association, by Dr. C. Theodore Williams, Physician to the Hospital for Consumptives, Brompton, are as follows :—

1. The evidence of large institutions for the treatment of consumption, such as the Brompton Hospital, directly negatives any idea of consumption being a distinctly infective disease, like a zymotic fever.

2. Phthisis is not, in the ordinary sense of the word, an infectious disease; the opportunities for contagion being most numerous, while the examples of its action are exceedingly rare.

3. In rare instances of contagion through inhalation, the conditions appear to have been : (1) Close intimacy with the patient, such as sleeping in the same room; (2) activity of the tubercular process, either in the way of tuberculosis or evacuation; (3) neglect of proper ventilation of the room.

4. In addition to the above, a husband may, though he rarely does so, infect his wife by coition; and this risk is considerably increased in the event of pregnancy.

5. By the adoption of proper hygienic measures, such as good ventilation, and separation of consumptive from healthy people at night, all danger of infection can easily be obviated.

In a paper read on the same occasion by Dr. Robert Robinson, Resident Medical Officer to the National Hospital for Consumption, Ventnor, the following conclusions are reached :—

1. Among 100 individuals affected, about one-third have recognizably been exposed to the disease within a period having an appreciable connection with the outset of their own illness.

2. Among married couples, of which one person has been affected, there has been immunity from the disease in the other person in, at least, 80 per cent. of those inquired into; and that, among the children in the families represented by patients under observation, immunity from the disease occurred in nearly 69 per cent.

3. The existence of phthisis in members of the preceding generation was attended with an increased frequency of its occurrence in the

succeeding one, amounting to nearly 13 per cent. Hence it may be concluded that :—

1. Probably, in every case of phthisis, the inception and presence of a specific bacterium is essential to the destructive process.

2. Probably there is a certain risk of communication of the disease to unaffected persons, and, *ceteris paribus*, the greater the more intimate the association.

3. Continued association with a consumptive person is probably not in itself sufficient to originate the disease in any instance.

4. The preparation of the lung tissue by a chill, debility, etc., is probably as essential to the destructive process as the presence of the specific bacterium itself.—*Brit. Med. Journal*.

**CARDIAC TYPHOID.**—M. Bernheim (of Nancy,) read a communication to the French Association for the advancement of science upon the *Cardiac form of Typhoid Fever*. The author intends to designate by this term, cases in which, without notable organic alteration of the heart, without pulmonary complications, or others capable of explaining the fact, the pulse becomes small, frequent, and depressible, and the patient succumbs to this paralytic acceleration of the heart, which may be produced either at the beginning of the fever, with or without concomitant nervous adynamia, or at a more or less advanced period of its evolution. The axillary temperature may be febrile, but moderately so, it may even be normal or subnormal. M. Bernheim considers this nervous asystole in typhoid fever to be due to a direct action of the poison or typhic microbe on the centre of cardiac innervation. In typhoid fever the pulse is usually slower than in other pyrexias, as though the typhic poison, like digitalis, had a slowing action on the pulse. It may be conceived, that this poison becoming concentrated in very great quantity on the cardiac nervous centre, may still act like digitalis in toxic doses, that is may produce paralytic acceleration. This theory, would also explain the fact noted by the author, that digitalis in these cases is not only inefficacious but dangerous, and that even given as a prophylactic it does not prevent the manifestation of the cardiac form. The author,

bases his conclusions on six demonstrative observations with autopsies. Sudden death in certain cases of typhoid fever where we meet with no appreciable alteration of the heart, may be due to the sudden concentration of the poison upon the cardiac centre: this is the *foudroyante* variety of the cardiac form.—*Le Prog. Médical*.

**ABNORMAL RESPIRATION.**—M. Grancher, in a paper upon the value of abnormal respirations as an early sign of ordinary tuberculosis, concludes, that in view of the necessity of making as early as possible the diagnosis of tuberculosis, a greater value must be attached to abnormal respirations than is usually done. When they are *localized* to one apex, especially to the left apex and are *permanent*, these abnormal respirations, not only permit a diagnosis to be made, but, compel it of themselves without any modification of the sound or vocal vibrations, and without any adventitious signs, as crepitation &c. These abnormal respirations are, in the order of their importance: rude and low inspiration, jerky respiration, and weak respiration. The rude and low inspiration has the greatest value, for it is the most frequent, and most precocious. These conclusions are inapplicable to patients, subjects of a former pleurisy or pneumonia. They have their highest value in young people.—*La France Médicale*.

**COCA LEAVES IN PAINFUL AFFECTIONS OF THE PHARYNX AND LARYNX.**—Macerate some coca leaves in alcohol. Evaporate over a water bath to a syrupy consistence. May be employed by painting or in a vapour (with one-tenth water added) in painful pharyngitis, chronic or sub-acute; in painful laryngeal phthisis, in certain convulsive coughs, and sometimes succeeds in œsophageal spasm. If for laryngeal applications use as above; if for pharyngeal applications add one-sixth of its weight of neutral glycerine.—*La Tribune Médicale*—*Lyon Médical*.

Kaulich says that a few drops of tinct. belladonnæ given before the ingestion of quiniæ sulph. will surely prevent vomiting.—*Lyon Médical*.

**SPONTANEOUS RUPTURE OF THE SPLEEN**—A case of this kind is reported by Dr. F. M. Calkins, in the *Michigan Medical News*. It occurred during the night, in a woman, aged 45, in her usual health, who had suffered from malaria and enlargement of the spleen, which was located midway within the left lumbar and inguinal spaces. The rent was in the inferior and convex surface, and was  $5\frac{1}{2}$  inches in length. The spleen weighed 2lbs 10oz; and the amount of blood effused was six and a half pounds.

**SEA-SICKNESS**.—Dr. Coelho, Professor of Medicine in Rio de Janeiro, was on his way to France and suffered very much from sea-sickness. He tried all remedies likely to be of any use, but without benefit. At last he tried hypodermic injections of morphia, and found almost immediate relief. The same agent was used on the other passengers and with similar effect. Enough must be given over the stomach to produce sleep.—*Wien. Med. Woch.*

**THE REGIONAL INCIDENCE OF HYDATID DISEASE**.—Dr. Sigmund Theodor Stein, in his work on The "Parasitic Diseases of Man," gives the following figures, compiled from Davaine, Cobbold, Finsen, and Neisser: Out of a total of 1862 cases, the liver was the seat of the parasites in 953, intestinal tract in 163, lungs and pleura in 153, kidneys, bladder, and sexual organs in 186, brain and spinal cord in 127, bones in 61, heart and blood-vessels in 61, and other organs in 158.

**BUBOES**.—Dr. Pavée reviews in the *Wien. Med. Woch.* the literature on the treatment of buboes, and gives as the result of his investigations and his own experience in about 150 cases, that the best mode of treating is to paint the swelling twice a day with tr. iodi; and, if this does not prevent suppuration, to open the bubo freely and deeply, pass the finger into the wound along the undermining channels, and then fill the wound with iodoform. This plan gives the best results, both as to completeness of cure and the time required. His experience does not corroborate the statement made by some that iodoform is an irritating dressing in venereal sores.

## THE CANADIAN Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism,  
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, NOVEMBER, 1882.

### THE INTERNATIONAL CONGRESS OF HYGIENE.

The Fourth International Congress of Hygiene was held in Geneva, under the presidency of Dr. H. C. Lombard, of that city, in September last, and is reported on all hands as a grand success. More than 400 members were present representing some 24 different nationalities. Our own Province had the fortune to be represented by Dr. C. W. Covernton, of this city, as a member of the Provincial Board of Health, and he was selected to occupy the chair of President for Canada. A great deal of work was accomplished in the five sections into which the Congress was divided, and the utmost zeal and enthusiasm were everywhere manifest. French was, of course, the language of the Congress. The lavish hospitality of both the Swiss Government and people called forth the loudest praises and gratification from all who experienced it. Public and private receptions, concerts, banquets, suppers, and illuminations were the order of the evenings, and on the Thursday the *Mont Blanc*, the finest steamer on Lake Lemman was placed by the Government at the disposal of the Congress, 350 of whose members embarked upon her and were carried along the southern shore to Evian-les-Bains, where a sumptuous luncheon was provided. On re-embarkation the Italian members insisted upon holding a meeting to express the views of the Congress in favour of cremation. This was conducted in the principal cabin, while those who had no taste for this gloomy subject enjoyed the music of the band upon the deck, and the unrivalled scenery

of the environment. After a visit to the embouchure of the Rhone, and the famous Castle of Chillon, a landing was made at Montreux, amid a salute of 20 guns. At the Kursaal a grand banquet was partaken off enlivened by the music of several bands, and the songs of glee clubs occupying the stage. At this dinner members of the Swiss Government, the Federal Council, and Local Administration were conspicuous. At its conclusion the veil of night was found to have fallen, and the banqueters were surprised to see the whole coast illuminated in their honour. Then followed a never-to-be-forgotten scene, a description of which we give in the words of an eye-witness, the correspondent of the *London Lancet*: "The steamer was gaily bedecked with garlands of lamps of many colours, while on the still waters smaller craft flitted here and there, burning Bengal fire or carrying numerous lamps that reflected their colours in the transparent lake. The Congress once on board, the steamer put off a little distance from the pier, and then commenced a display of fireworks, starting simultaneously from the gardens of the hotels that line the shore, and from points high up in the mountains. Against the dark background of the mountains, the Bengal fire enabled us clearly to discern the elegant hotels and villas poised some 3,000 feet, above us at Les Avants and at Glion. The church steeple of Montreux was brightly lit. Vevey and the surrounding villages joined in the festivities. For some two or three miles along the coast it was one blaze of light, and rocket after rocket shot up towards the sky; while the roar of cannon, the stirring strains of the British National Anthem (played by a powerful brass band) the cheers from the ship, and the shouts from the shore, all helped to conclude a reception unsurpassed for its cordiality, and which will forever remain deeply impressed in the memory of the guests."

Dr. W. H. Johnson is practising in New Albuquerque, New Mexico; Dr. W. H. Oliphant, in Redwood, N.Y.; Dr. G. W. Clendenan in New Durham, Ont.; Dr. W. H. Montague at Dunnville, Ont.; Dr. W. F. Eastwood, at Zephyr, Ont. Dr. G. S. Bingham has removed to Hamilton.

#### THE PROVINCIAL BOARD OF HEALTH FROM AN ENGLISH STANDPOINT.

The *London Lancet* of the 2nd September devotes a leader to our newly created Provincial Board of Health, and comments in the most approving terms upon the general provisions of our Ontario Act, even going so far as to acknowledge that in some respects, notably the compulsory powers of isolation, in the public rather than the individual interest, we are much in advance of English legislation. On the subject of the notification of infectious diseases, and of the contribution of weekly health reports, without fee, however, the following remarks are made: "We are bound to confess that in this respect the Board is expecting too much of the medical profession. That the information asked for is wanted in the interests of public health we do not for one moment doubt; indeed the lack of proper sickness returns is now universally recognized as a serious want in connection with sanitary administration. But a public want should be met out of the public funds, and it is clearly unreasonable to ask that members of a busy profession should, at the sacrifice of much valuable time, and without any fee or reward, supply a public body with information which will need to be carefully compiled." This is the view we have held and uttered from the first, and we are glad of this opportunity to reiterate it once more, thus strongly corroborated by the chief mouthpiece of professional opinion in the Motherland. In referring to Dr. Covernton's visit to England, and to his being deputed to attend the International Congress of Hygiene, in his official capacity as a member of the Board, and to bring back with him a store of information gathered from the experience of the "older established State Boards of Health" of Europe, the *Lancet* adds, "It would be well if our own Central Health authority were in this respect to follow in the wake of the new Canadian Board."

Prof. Arnold, Director of the Berlin Institute for the Blind, has succeeded in teaching Stenography to his blind pupils. He says they learn it more readily than the ordinary method of writing.

### TORONTO GENERAL HOSPITAL.

A handsome and commodious building is now in process of erection at the northern part of the General Hospital grounds. It will have two storeys, each of which will be divided into two large rooms, a large verandah facing the south, and a conservatory on the west side (the latter being specially demanded by one of the contributors). It will furnish day-rooms for the convalescent patients, and will no doubt prove a great boon in various ways, which must be evident to all.

Dr. O'Reilly, the energetic Superintendent, has been anxious for years to have such an addition made to his well-ordered Hospital, and through his representations some of our private citizens have generously supplied the required funds. We are not at liberty now to give full particulars, but it is probably no secret that Mr. Wm. Gooderham has very materially aided in this good work. It should not be forgotten, while we point with pride to the numerous charitable institutions of Toronto supported, or largely aided, by private contributions, that over twenty thousand dollars have been given within a few years by private individuals to our General Hospital.

### OPENING OF THE MEDICAL SCHOOLS.

The two schools of this city—the Trinity Medical School and the Toronto School of Medicine—re-opened on the 2nd and 3rd ult., respectively, the former its 12th, and the latter its 40th session, both, we understand, with unprecedentedly large classes. This is, perhaps, not an unmixed evil, nor a subject for congratulation to anybody except the schools. There is a real danger of the profession becoming overstocked, the views of optimists to the contrary notwithstanding. Some years ago Dr. Pepper, of Philadelphia, in an introductory lecture, very clearly showed that in no other calling does so large a proportion of those who enter upon it fail by the way, and ultimately abandon it as incapable of realizing their initial expectations. A pretty full abstract of Dr. Barrett's introductory lecture at the Toronto School of Medicine will be found in another column, as well as a synopsis of Dr.

Grasett's address at Trinity. An account of the Jubilee Celebration of McGill College will also be found in the same connection.

### A SAD OCCURRENCE AND SORRY SEQUEL.

It appears that on the 24th of February last one of those melancholy accidents which may happen to any one of us at any moment, occurred to Dr. Burrows and Coulter in the Town of Lindsay. After amputation of a toe under the anæsthetic influence of a well-recognized mixture of chloroform and ether, the patient suddenly succumbed. All due precautions had been taken, no contra-indication existed, and all means of resuscitation were employed, but in vain. An inquest was at once applied for and ordered, but by some unintelligible interference of the patient's friends was prevented. The week following two letters over *noms de plume*, and defamatory to the Doctors concerned in the case, appeared in the *Canadian Post*. Thereupon Dr. Burrows brought suit for libel against the proprietor of the *Post*, who at once made apology and divulged his correspondent's name. An action was then instituted against the author of the letters, Dr. Herriman, of Lindsay; but just before coming to trial, in the beginning of October, was amicably settled, Dr. Herriman making a full apology and recantation in the columns of the *Post*. It does not often become our painful duty to record so disgraceful an occurrence as the attempt on the part of one medical man to defame the character and damage the prospects of a brother practitioner by the cowardly expedient of anonymous communications in the lay press. Still more unusual is it to find the melancholy occurrence of a death from anæsthetic narcosis made the text of a brutal slander, for such accidents are fortunately rare. While sympathising most cordially with Drs. Burrows and Coulter in the premises, we can only express our very deep regret that Dr. Herriman should so far have forgotten what was due to himself as a gentleman, and to his profession as an honourable, truth-loving, and charitable fraternity, as to have harboured such vindictive malice against a fellow practitioner and townsman, and to have stooped to such contemptible

means to give it utterance. Suffice it to say, however, that he has now done the only thing he could to remedy the evil; and we sincerely trust that his conduct in the future may prove to Drs. Burrows and Coulter a full and honourable amend.

**MCGILL COLLEGE AND THE CANADA MEDICAL ASSOCIATION.**—The ungenerous and unjust insinuations of the *Canada Lancet*, in its last issue, that the members of McGill College, to use a pardonable vulgarism, were disposed to and actually did "run" the Canada Medical Association to suit themselves, was calculated, and, perhaps, intended, to excite the jealousy and animosity of the Ontario profession, and thus damage the interests of the Association. We are pleased, therefore, to find in the *Canada Medical and Surgical Journal*, published in Montreal, an editorial article repudiating the insinuation, and calling attention to the "true inwardness" of the suggestion.

That our esteemed Quebec contemporary may understand that the spiritual smallness evidenced by the *Lancet's* allusion is not participated in by the great body of the profession, in Ontario, for whom we profess to speak, we would refer them to our editorial remarks on the subject at page 237 of our July issue.

If any cause for jealousy exist between Trinity Medical School and McGill College it can be of no concern to the Canada Medical Association, and if the Trinity, or other schoolmen are disposed on any such trivial account to hold themselves aloof from contributing what might reasonably be expected of them towards promoting the welfare of the Association, so much the worse for them. The Association does not owe its inception in any wise to their efforts, and it is quite apparent that their good or ill will neither makes nor mars its fortunes.

**HONOUR TO WHOM HONOUR IS DUE.**—At the late Jubilee Celebration of the Medical Faculty of McGill University was present one gentleman, whom we still have the happiness to number among us, who graduated from that institution 47 years ago, Dr Joseph Work-

man, for the last generation and up to within some four or five years Medical Superintendent of the Asylum for the Insane at Toronto; and, at the meeting of the Medico-Chirurgical Society of Montreal, on the 8th Oct., the following resolution was passed in honour of his presence:

"That the members of the Medico-Chirurgical Society of Montreal, in session this evening, cannot allow the opportunity to pass of expressing to you the pleasure your visit to this city has been to them. They feel that to you the Medical Societies of Canada owe much. Your zeal and ability have always been liberally expended in promoting their welfare, and they desire to express the hope that you may be still spared for many years to give them the benefit of your wisdom and counsel."

We are sure that the profession of this city, and especially the members of the Toronto Medical Society, at whose deliberations he for two years presided, and the constant sight of whose venerable form has been an encouragement to some and a reproach to many, will eagerly join with us in a heartfelt echo of the sentiments expressed above by the Medico-Chirurgical Society of Montreal.

**MAGGOTS IN UNUSUAL SITUATIONS.**—Dr. J. E. Prince, of Jacksonville, Ill., narrates in the *Medical News*, for Oct. 14th, a case of ozæna in which sixty-five healthy maggots had to be removed with forceps from the nares of the patient, they having resisted irrigation and other means of dislodgment. Their scavenging duties, however, had been well performed, the discharge being freed from all mal-odour. A recent English journal also contained notice of a case in which the stools of the patient contained live maggots at the time of voiding. A lady, too, in this city, under the care of the writer, suffering from a miscarriage, showed him some blood clots, swarming with maggots, which, she affirmed, were present at the time of the discharge of the clots.

Mr. E. A. Smith, 274 Yonge St., Toronto, has opened out a large assortment of medical and surgical instruments. For particulars see advt. in this issue.

In proposing the toast "Prosperity to the British Medical Association," at the dinner in the recent meeting, Sir James Paget used the following happy expression, "Do not let our disputes be very noisy on the scientific side. Remember always that it is only through clear and undisturbed waters that you can see what lies at the bottom. In storms of controversy, there is nothing to be found but the billow that moves to mischief, and the foam that disappears."

The first resection of the Stomach in America was performed by a Homœopathist, Dr. F. W. Koehler, of Louisville, Ky., on the 2nd of Sept. last, the patient being a woman sixty-five years of age. The operation seems to have been skilfully performed with all due precautions, except Listerism; but the patient died five and a half hours after its completion.

A new *Antispastic* has been discovered in guachamacaca extract made from the bark of the Quebracho plant. It corresponds to curare in its properties and action; and not being absorbed by mucous membranes, must be administered hypodermically. Schiffer, of Berlin, has successfully employed it in tonic and clonic spasms of the musculature, in doses of  $\frac{1}{4}$ th of a grain.

The New York *Sanitary Engineer* has laudably undertaken to print as much as possible of the important information hitherto published in the National Board of Health Bulletin, whose publication has ceased and determined owing to the niggard parsimony of Congress. The *Sanitary Engineer*, apart from its own intrinsic merits, deserves the support of all physicians and sanitarians for its enterprise in the premises.

The New Medical School, London, Ont., opened Oct. 2nd with a class of fifteen students.

Dr. Stewart, of Brucefield, Ont., is at present in Vienna, Austria, where he will remain a few months.

Dr. Burnet, one of the Physicians to the Great Northern Hospital, is accompanying the Princess Louise on her Western tour.

#### PERSONAL.

Dr. Charles Morehead, C.I.E., died at Wilton Castle, Redcar, Yorkshire, on the 24th August, in the 75th years of his age. Dr. Morehead's name is intimately associated with the Medical history of India, where he spent the greater portion of his professional life, and his great work had the "Diseases of India" for its subject. An apt and favoured pupil of Alison and of Louis, his diagnostic powers and capacity for clinical work brought no discredit to the teaching of those two great masters. He entered the Bombay Medical Service in 1829, became first Principal of the Grant Medical College and Professor of Medicine there in 1845, and so continued until his return from India in 1859. "Whatever may be the future of the Medical Service in India," says the writer of the obituary in the London *Lancet*, "it has a past of which its surviving members may well be proud. In the long list of those who did honour to our profession, there are few names more deserving of fame than that of Charles Morehead."

Mr. J. T. Clover, F.R.C.S., probably the most accomplished practical administrator of anæsthetics of our time, is now no more. He was for many years resident Medical Officer of University College Hospital, and was a careful and accomplished surgeon. His name will remain inseparably connected with the apparatuses for anæsthetic inhalation, and the exhausting detritus bottle and irrigator, for use in the operation of lithotripsy, which he invented.

Sir James Alderson, M.D., Oxon., D.C.L., F.R.S., for many years Senior Physician to St. Mary's Hospital, and President of the Royal College of Physicians, for three years from 1867, has lately passed away at the advanced age of 87.

Dr. Dorin, of Chalons-sur-Marne, said to be the oldest physician in France, has just died at the age of 94.

Luigi Concato, the celebrated Professor of Clinical Medicine in the University of Turin, is dead.

It is rumoured that Oliver Wendell Holmes is about to resign the Professorship of Anatomy at Harvard, which he has held so long.

Prof. Hildebrandt, of Königsberg, the eminent gynecologist, and author of the treatment of uterine fibroids by the hypodermic injection of ergot, is dead.

Drs. Holland and Cottell resign the editorial chair of the *Louisville Medical News*, giving place to Drs. L. P. Yandell and McMurtry.

### Book Notices.

*Report on Some Anatomical Variations for 1882.* By FRANCIS J. SHEPHERD, M. D., Montreal, (*Reprint from Annals of Anatomy and Surgery.*)

*The First Biennial Report of the Michigan Free Eye and Ear Infirmary.* By C. J. LUNDY, A. M., M. D., Surgeon.

*Health and Meteorological Reports for the State of Michigan for the month of September.* By HENRY B. BAKER, M. D., Secretary, State Board of Health.

*Weekly Health Bulletins issued by the Provincial Board of Health of Ontario.* By PETER H. BRYCE, M. A., M. D., Secretary.

*The Journal of Cutaneous and Venereal Diseases.* This is a new candidate for professional favour whose first appearance was made in October. It is edited by Henry G. Piffard and Prince A. Morrow, two well-known dermatologists of New York, under whose management it is sure to be well conducted. It is issued monthly, at \$2.50 per annum, the publishers being Wm. Wood & Co.

*Nitro-Glycerine as a Remedy for Angina Pectoris.* By WM. MURRELL, M.D., M.R.C.P. Detroit: George S. Davis, 1882.

This is a small octavo of 78 pages, a description of which is best given in its author's own words, viz:—To give directions for the administration of nitro-glycerine in angina pectoris, the principal points being illustrated by reference to cases under his care, some of which were published in the *London Lancet*, in 1879. In view of the author's reputation it would be superfluous to add a word as to the execution of his design. It appears from his observations that the effects of nitro-glycerine in those distressing cases are much more lasting and satisfactory than those of nitrite of amyl.

*A Treatise on Diseases of the Eye.* By HENRY D. NOYES, A.M., M.D., New York. Wm. Wood & Co., 27 Great Jones St., N.Y., 1881. (Library of Standard Authors.)

By virtue of the ever-increasing stock of knowledge in all departments of medicine, works on special subjects intended for the profession at large have necessarily to be at once more minute and more comprehensive than they were formerly. Even the younger practitioner, who has had facilities not enjoyed by his older brother, ought to be fully satisfied with the fund of information on diseases of the eye provided by our author, whose work embodies the results of much thought, extensive reading, and a very large experience. More need not be said.

*A Treatise on Food and Dietetics, Philosophically and Therapeutically Considered.* By F. W. PAVY, M.D., F.R.S., F.R.C.P., Physician to, and Lecturer on Physiology at Guy's Hospital, etc. New York: William Wood & Co. Toronto: Willing & Williamson.

In this work (one of the '81 series) the discussion of alimentary principles and alimentary substances is both comprehensive and exhaustive; while the second half, which treats of dietetics, is more practical, and will be read with interest both by physician and layman. This distinguished physiologist has long been an authority on this subject, and this treatise is well worthy of the author's reputation. It is not only the best, but, perhaps, the only complete and systematic work of the kind we have access to, and fortunately it is all that we could desire.



*Lectures on Electricity in its Relations to Medicine and Surgery.* By A. D. ROCKWELL, A.M., M.D. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

The second edition of these lectures contains some new matter—notably a lecture upon Franklinic Electricity, and a notice of the “Galvanic Accumulator,” or storage battery.

The author's methods of general faradization and central galvanization are clearly and carefully explained, the indications for their use detailed, and their inapplicability to all cases admitted. Caution is urged upon the practitioner in the empiric use of electricity. Profound study, close observation, and long experience are required for the successful use of this powerful therapeutic agent.

The Lectures will doubtless prove beneficial to those who may be desirous of taking up the study of electro-therapeutics, as also to the practitioner by giving useful hints in obstinate cases.

*Mental Pathology and Therapeutics.* By W. GRIESINGER, M.D., Professor Clinical Medicine and Mental Science, in the University of Berlin. Translated from the German (second edition). By C. Lockhart Robertson, M.D., Cantab., and James Rutherford, M.D., Edin. New York: William Wood, & Co., 1882.

The issue of Wood's Library for 1882, contains this well-known work, reproduced from the translation made by Drs. Lockhart Robertson, and Rutherford for the New Sydenham Society, in 1867. The first edition of the original having been published in 1845, and the second, now nearly twenty years ago, it would be manifestly unfair to institute a comparison between it and later works upon the subject. The volume is valuable, however, as having been *facile princeps* in its time, and as presenting the views and teachings of an ancient chief in the modern school of German Medical Psychology.

*The Diseases of the Rectum, including Fistula, Hemorrhoids, Painful Ulcer, Stricture, Prolapse, &c.* By WM. ALLINGHAM, M.D., F.R.C.S., Surgeon to St. Mark's Hospital for Diseases of the Rectum, &c. Philadelphia: P. Blakiston, Son & Co., 1882.

Dr. Allingham's reputation in this specialty is world-wide, and this fourth edition of his Treatise on this subject is, as might be expected, a most excellent one. The fruits of his rich and ripe experience are evidenced on every page. In operating on internal hemorrhoids he expresses a decided preference for the ligature, combined with incision after dilatation of the sphincters, and shows by reference to the statistics of others, as well as his own, that it is much safer than the operation with Henry Smith's clamp and cauter. His treatment of fistula, ulcer, stricture, &c., is sound, while safe, and we can find no place for unfavourable comments. When we consider the price (75 cents) we must certainly feel surprised, if it is not found in the majority at least of medical libraries.

*Treatment of Cancer.* By JOHN CLAY, Professor of Midwifery in Queen's College, and Obstetric Surgeon to the Queen's Hospital, Birmingham. London: J. & A. Churchill, 11 New Burlington street. Price, one shilling.

In this pamphlet Mr. Clay gives his original paper on the treatment of cancer—especially cancer of the female generative organs—by Chian turpentine, as they appeared in the London *Lancet*; and, while confirming the statements which appear therein, he adds much that is interesting on improved methods of using the remedy, together with other important aids in the treatment of this formidable malady.

The experience of the majority who have used Chian turpentine is rather disappointing, but, in the face of the evidence adduced by this distinguished surgeon, this agent must not be overlooked while we are treating cancer of the uterus, and if we decide to use it, we should be careful in adopting all the precautions recommended in procuring the pure article, and giving it a thoroughly fair trial with all the “aids” our author refers to.

*A Practical Laboratory Course in Medical Chemistry.* By JOHN C. DRAPER, M.D., LL.D., Professor of Chemistry in the Medical Department, University of New York. New York: Wm. Wood & Co.

This is a really admirable little work. Without making any of the pretensions of the innum-

erable short cuts to knowledge with which the field of medical educational literature is flooded, it forms an exceedingly handy and useful compendium for the practical chemistry room. The volume is in note-book form, and by a judicious arrangement of alternate blank leaves, may be made to serve the double purpose of text and note-book. After a few introductory pages devoted to instructions for manipulation, it proceeds to give the methods for the detection and treatment of the principal poisons. This is followed by a chapter on the examination of water for organic or inorganic impurities, its purification, etc., and a third section deals with animal fluids, especial attention being paid to the subject of urinary analysis. The general arrangement of the work cannot fail to recommend itself to the student.

*Syphilis.* By V. CORNIL, Professor Faculty Medicine of Paris, Physician to the Lourcine Hospital. Translated with notes and additions, by J. Henry C. Simes, M.D., and J. William White, M.D., of the University of Pennsylvania. With 84 illustrations. Philadelphia: Henry C. Lea's Son & Co., 1882.

This work is a re-production, with the addition of much valuable matter, interpolated within brackets in the text by the American editors, of lectures delivered by Cornil in 1878 at the Lourcine Hospital of Paris. The author had there, of course, unbounded opportunities of study and investigation; and his object was to occupy a new field and fill up a hiatus in the long list of many valuable contributions to the literature of syphilis in his own and other languages. This he has most successfully accomplished by approaching the study of syphilitic lesions from the anatomical side. The histological view of syphilis is therefore the unique and vital feature of this book; but clinical records of cases are not wanting. After general considerations on the disease, its incidence upon the various tissues and organs of the body is fully studied and elaborately illustrated, and a concluding chapter is devoted to treatment, after the French fashion of course. A valuable bibliography and a good index complete the work. Standing apart as it does, the

only one of its kind, this work presents positive excellencies alone. There is no room for comparisons, odious or otherwise. As the original exhibits all the characteristics of a master-piece of a master mind, so the translation in its English dress bears ample evidence of the zeal and faithful imitation of true disciples.

### Miscellaneous.

#### ABSTRACT OF INTRODUCTORY LECTURE.

*40th Session, Toronto School of Medicine,  
October 3rd, 1882.*

BY M. BARRETT, M.A., M.D.,  
Lecturer on Physiology, &c.

Mr. Chairman and Gentlemen,—My colleagues have conceded to me the honour of addressing you upon this, the first meeting of the Toronto School of Medicine for the 40th Session, 1882-3.

In the first place, therefore, I beg leave to welcome our numerous friends who honour us with their presence upon this momentous occasion, and also those of my audience who in previous sessions have occupied the seats of this lecture-room, and further to say to those gentlemen who for the first time now present themselves as students of the Toronto School of Medicine, that as in the past, so in the present and future sessions, it will ever be the earnest endeavour of each and every lecturer to forward, by precept and example, the best interests of the medical student. To you then more particularly, gentlemen who now for the first time are attending a course of medical lectures, permit me to offer the following remarks: . . . You by your presence on this occasion testify that you are willing to assume the charge of alleviating, to the best of your ability, those ills of the flesh to which God's creatures are liable—ills arising in no case from the imperfection of an all-wise Maker's hand, but from man's violation of His divine laws. A violation not to be clearly traced, perhaps, in every case, yet in the large majority so manifest that we may safely infer that every ill that flesh is heir to, is but the

merciful punishment due to the infringement of His divine laws. In preparing yourselves to assume this sacred duty you are prompted, it is to be hoped, by no mercenary motives: the love of your fellow man, your sympathy with suffering humanity, must be the main-springs of your contemplated devotion to the study of medicine; but your best emotions arising from natural instinct will not be sufficient to carry you through to the completion of your proposed undertaking. The very exercise of your profession will have a tendency to render you somewhat callous to human suffering unless your sympathies be founded on a broader basis than mere instinct—a basis, it is to be hoped, established before now, for the atmosphere of a Medical School is not, by the outside world, considered to be the most congenial for the development of the greatest of the Christian virtues, Charity.

Among the several professions the introduction to that of medicine probably presents the greatest obstacles; independently of the time necessarily given to its study, and the expenditure of money which such time involves, the mental labour demanded is undoubtedly greater than that required for any other pursuit.

To some seeking a profession, the prospect of acquiring wealth is the all-powerful temptation. No matter what may be the difficulties surrounding it, or the liabilities which it may involve, if it should have happened that a few of those engaged in its pursuit, have acquired more than a competency, the multitude snatch at the phantom only to find their grasp eluded. Wealth is almost unknown to those in the ranks of the medical profession, yet a competency may be reasonably looked forward to after years of severe toil by the industrious and prudent. Some again desirous of escaping the laborious toil of the agriculturist or of the handicraftsman, without considering the question as to their aptitude, resulting from previous education and social position, take to the study of one of the learned professions, and disappointment is almost the invariable result. When too late they discover the error of their choice, more especially if the profession they may have selected should happen to be that of medicine; for here there is no escape from toil,

and that the most arduous, both mental and bodily. The man who is afraid of excessive labour is little suited for an occupation which constantly requires its devotee to travel at all seasons of the year, exposed to the inclemencies of all weather, at all hours of the day and night, resisting the urgent demand for sleep, through, oftentimes, the worst roads of our Canadian back settlements, to visit the sick or to assuage the sufferings of the dying. Such an occupation is surely not one of ease, and compares most unfavourably with either that of the farmer, the mechanic, the lawyer, or the divine.

Has the profession of medicine no allurements? Is its difficulty of study and attainments such, its pursuit so full of anxiety, toil, and exposure, that even the mariner would not exchange his calling for it, and have these nothing to counterbalance them? Yes. The practice of medicine has its allurements, and they are sufficiently great in the minds of those worthy of the profession to outweigh the difficulties attending its acquisition. First of all, and before all, and above all, it confers the privilege of relieving suffering humanity; of saving from imminent death thousands upon thousands of those whose lives may henceforth justify the hope of immortal happiness. No more fitting emblem of mercy can be found than the physician braving the dangers of the pestilence in the wretched hovels of the poor, or the surgeon upon the battle-field, ministering alike to friend or foe, without hope of earthly reward, but feeling amply recompensed in the conscientious discharge of his merciful calling. One day of such an opportunity to render service to God and man is worth a whole life spent in the acquisition of a science which confers such power upon its possessor. To relieve the sick poor with medical aid is also the favourable occasion of the kind-hearted physician: in large cities such as this, where poverty so abounds, the demands made for charitable aid upon the time of the practitioner are frequently greater than his time and means will permit him to accede to; in such cases the efforts of the senior students of medicine are gratefully accepted by the suffering poor, and thus many opportunities are presented for the

acquisition of professional experience, and for the manifestation of that mercy so eloquently portrayed by the Bard of Avon, and peculiarly applicable to the position of the medical student—

"It is twice bless'd ;  
It blesseth him that gives and him that takes."

Again, the study of medicine possesses great charms for the lover of nature. No employment can prove more congenial to the mind fitted for the admiration of God's works than the application of the truths derived from enquiry into Nature's mysteries to the well-being of the highest in the scale of creation.

Many of the greatest discoveries made in biological science have resulted from the labours of those members of the profession who have not been the most actively engaged in medical practice, but have chosen rather a continuance of the student's life, thus sacrificing every prospect of wealth or affluence in order to gratify their intense love for a knowledge of the wonders of nature.

But the profession of medicine is not without its worldly advantage and that of a high order—the universal demand for the services of the physician and surgeon is such that, place him where you will, his profession clothes him as with an ægis, ever protects him, ever supports him.

Having thus briefly laid before you the difficulties and the advantages of the medical profession I proceed to speak of the requirements necessary for those who embark in the study of the healing art; and first of all must be placed the desire for knowledge, for its own sake, independently of the honour and emolument to spring from its possession.

The profession of your choice demands for its successful pursuit the utmost culture of all the mental power which the largest munificence may have bestowed. Ignorance on the part of the practitioner is criminal and may never be pleaded as an excuse for malpractice. The lives of the most valued, of the highest as of the lowest in worldly station, of the aged and of the young, of the mother and of the offspring are henceforth to be confided to your professional skill. You may not excuse yourselves

with the trite saying, "I did as well as I could," it must be, "I did as well as could be done." No second-rate order of attainment can be tolerated in the practitioner of medicine; when employed ever remember that you are so employed because you are thought to possess all the professional qualifications attainable by human being.

The morals of the physician are scarcely second in importance to the knowledge he may bring to bear upon his profession; the medical practitioner should be a gentleman in the widest sense of the term.

The truly scientific practice of medicine may be said to have had its beginning in the latter part of the 17th century, for prior to the discovery of the circulation of the blood, no basis existed upon which to build a knowledge of physiology and through it the practice of medicine and surgery. Before this time the dicta of the astrologer and the sorcerer were accepted as the chief guides to a restoration to health when departed from.

Wm. Harvey was born at Folkestone, in England, and after graduating at the University of Cambridge went to Padua and prosecuted his anatomical studies under the direction of Fabricius d'Acquapendente; he returned to England when 24 years of age, and shortly afterwards received the appointment of Professor of Anatomy and Surgery at the Royal College of Surgeons. When about 40 years of age, in 1616-1619, he made public his great discovery of the circulation of the blood. The announcement was received with unsparing ridicule, and for more than twenty years provoked unrelenting persecution. The inventive spirit with which nature had endowed Harvey was not wanting to many of those who before him had engaged in the same path, but that which he possessed in a higher degree, and which enabled him to attain the end, of which his predecessors had, at the most, been able only to guess the existence, is that lucid comprehension, that prompt and sound judgment, that exquisite good sense which always guided him in the appreciation of facts, in the deduction of consequences, and in the selection of proofs which he invoked to set forth his teachings. Harvey was one of

these choice intelligences who, at the first glance, unravel the true from the false, who raise themselves to such a commanding point of view that they are enabled to embrace the whole connection of facts, but who love to walk upon a solid foundation, who reason always with exactitude, and who can clearly express the ideas which they have conceived.

In Harvey's own account of his discovery he says, "When I began to study, not in books but in nature and by the help of vivisections the movements of the heart, the task appeared to me so difficult that I was almost tempted to believe that God only could understand them. But by giving each day more attention and care, in multiplying my vivisections, making use of a great variety of animals, and collecting many observations, I believed that I had at length arrived at a knowledge of the truth. Since then I have not hesitated to communicate my views, not only to a few friends, but in public in my anatomical teachings. They have been favourably received by some, blamed by others; on the one hand the crime has been imputed to me of straying from the precepts of my predecessors; on the other hand, a desire has been expressed to see me further develop these novelties which might, perhaps, be worthy of attention. At length, yielding to the counsels of my friends, I decided upon making use of the press in order to submit myself and my labours to public opinion." Such are Harvey's expressions as to his motives for the publication of his book—he almost seeks to excuse himself for it, and nevertheless it is a masterpiece. Not only does it contain one of the most important discoveries in physiology, but it is written with such perfect method, that Roger Bacon perhaps was thinking of the researches of his modest and wise fellow-countryman when he laid down with a masterly hand the rules to be followed in scientific investigations.

Seven years after the publication of his treatise Harvey was appointed physician to the unfortunate King Charles I., and ever remained faithful to his Sovereign. As a reward he was chosen Warden of Merton College, Oxford, in 1645. When, however, the parlia-

mentary visitors came there, he left Oxford for London where he died in 1658. We are not less indebted to our illustrious fellow-countryman who discovered the circulation of the blood for having paved the way to a rational treatment of aneurismal and wounded arteries by the modern operation of placing a ligature between the heart and the seat of disease or injury.

Although England has produced many distinguished anatomists, Dr. Wm. Hunter undoubtedly occupies the first rank; he was born in 1718, in Lanarkshire, and went to London in 1741. Dr. Wm. Hunter not only gave a new impulse to anatomical science, the effects of which have been transmitted to the present time, but his zeal in behalf of his favourite pursuit tended to make many converts. Among these the celebrated John Hunter stands foremost. Hearing of his brother's reputation he offered his services as an assistant, and his proposal was kindly accepted. The active mind of John Hunter, guided by a deep insight into the powers of the animal economy, substituted for a dangerous and unscientific operation, an improvement founded upon a knowledge of those laws, first revealed by Harvey, which influence the circulating fluids and absorbent system; the first operation was performed by John Hunter, in December, 1785, in a case of popliteal aneurism, in which the femoral artery was ligatured, and since that time this mode of treatment was universally employed by surgeons, until the introduction of compression in 1842. The result of the united labours of the two brothers was the formation of a museum of comparative anatomy; this museum was bequeathed under certain conditions, which have been most faithfully fulfilled to the Royal College of Surgeons in London. Dr. John Hunter died in 1793.

Passing down the stream of time we meet with the wonderful discovery of the effects of vaccination; it is to be observed that the practice of inoculation, meaning thereby the introduction of the actual virus of small-pox, had been in vogue throughout China and the East generally from a very early period in the world's history. This practice was introduced into Great Britain by a very celebrated Eng-

lish woman, Lady Mary Wortley Montagu, wife of the British Ambassador at the Court of the Ottoman Empire.

The daughter of Lady Wortley was the first person inoculated in England, thus recommending the practice by her own example. To this noble and patriotic woman, then, the profession and the public are indebted for that preliminary knowledge which led up, after eighty years, to the great discovery made by Jenner in 1798—its birthday being usually assigned to the 14th of May, 1796. Dr. Edward Jenner was an English physician, and the promulgation of the discovery made by him was so rapid, that in six years time it became known through the civilized world.

Aided by the discoveries of that best handmaid of medical science, namely, organic chemistry, Sir James Young Simpson discovered the anæsthetic properties of chloroform and introduced the use of it in 1847, when Professor of Medicine at the University of Edinburgh. A new era was brought about in surgical science, and a means introduced whereby surgeons now perform operations and patients submit to them, even when of a prolonged nature, without the necessity of pain, and yet the required operations, although of the greatest magnitude, can be well and perfectly executed. And, moreover, the mortality prior to the use of anæsthetics, which was very great after major operations, has been most materially lessened.

I am confident, gentlemen, that you cannot have failed to notice that the prime discoveries thus hastily brought before you, namely, the circulation of the blood by Harvey, the greatly extended knowledge of anatomy by William Hunter, the ligation of arteries by John Hunter, the protective power of vaccination by Jenner, the use of anæsthetics by Professor Simpson, these have all been achieved by sons of Britain, discoveries which have advanced immensely our knowledge of physiology and anatomy, the practice of surgery, the practice of medicine, and the extension of the *matéria medica*, thus every department of the science and art of medicine.

Surely as Englishmen, and the descendants of Englishmen, we may take a just pride in the

honours gained by our ancestors, and may further trust in the belief that the energies, industries, and mental powers possessed by them have not been lessened in her sons simply by the fact of our having transplanted England's institutions, her laws, and her language to this western continent.

"Cœlum, non animus, mutant, qui trans mare currunt."

#### SYNOPSIS OF DR. GRASSETT'S OPENING ADDRESS AT TRINITY MEDICAL SCHOOL.

After according a hearty welcome to the old students who were present, and especially to the new, the lecturer proceeded to defend the custom of holding introductory lectures, regarding them as useful opportunities of conveying timely words of encouragement and advice, and deprecating the practice of some in making them vehicles of discouragement. He referred to the difficulty of selecting a subject for the address, there being no unbroken ground, and then proceeded to narrate briefly the progress of the School and the advantages of medical education presented of late years. In old times the system of apprenticeship was in vogue, and the old Medical Board tested a man's qualifications. Then King's College appeared, followed by University College, which soon lost its medical faculty. The establishment of Trinity College by the late Bishop Strachan was then referred to, and the reader claimed the present school as a lineal descendant of its old medical faculty which had lain dormant for so many years. In connection therewith he eulogistically referred to the late Edward Hodder, the well known gynaecologist; to the gentle and gentlemanly Beaumont, the accomplished surgeon; and to the amiable Bovell, a man of perspicacity and learning, a cultivator of the *science* of medicine. After a period of desuetude the old faculty was revived by the infusion of new blood, some 12 or 13 years ago; and after a few years, incorporation as a teaching institution separate from the College was sought and obtained. In the old faculty 7 lecturers were sufficient, now 13 are required. After a com-

plimentary allusion to the present faculty he informed the students that they had duties which must be properly performed. A prime qualification for the student was a good general education; he deemed a college course desirable, and quoted from a report of the visitors to the Scottish Universities, and from his own experience of college-bred men in Edinburgh in support of this view. He advocated cultivation of the natural sciences, and the establishment of a short summer session for the study of botany, natural history, and chemistry. He thought, too, that this would be a grand opportunity for teaching practical physiology and pathology, minor and operative surgery. He would also have one or two summer courses in physical diagnosis obligatory upon the student. To learn anatomy, careful, painstaking dissection was the one thing necessary, as illustrated by John Hunter. This year, he was glad to announce, they were to have the services of an additional able demonstrator (Dr. Teskey). He next referred to the rapid growth, and increased importance of physiology, and said that they were particularly fortunate in securing the services of a lecturer (Dr. Sheard) who had made this subject and practical pathology a special study. Clinical work at the Hospital he regarded as extremely important; in fact the keystone of the medical edifice. The hospital had been raised to great efficiency by the united efforts of the trustees and medical Superintendent, and now embraced the three departments of a General and Lying-in-Hospital and an Eye and Ear Infirmary. The system of clinical lectures now inaugurated he thought would prove the strongest point of the faculty from this time forward. Students would find that self-culture was the result of careful clinical work, and from simple observation deductions of great import might arise as in the case of Jenner and the milkmaid, and of Galvani and the frog. Let them keep their eyes and ears open, and they would become in time themselves elucidators of nature's processes. But too constant application was not to be commended. Physical exercise should not be neglected, and one afternoon and evening in every week should be set apart for relaxation. As to the mode of a student's life:

Parents were often unduly apprehensive of the temptations which beset his path. Such undoubtedly did exist; but, if in any the power to resist were wanting he had better abandon the profession. One temptation, however, he would single out for mention, although it might seem *outré*, and that was the besetting evil of intemperance. He could not refrain from warning them against it, because he had witnessed its blighting influence on so many of his own contemporaries and compeers. He defended the character of medical students from the aspersions commonly cast upon them, and advised them to foster the natural quality of sympathy with patients, as being a therapeutic means of grand importance, and quoted Sir James Simpson's warm laudation of feminine qualities in the sick room. In the way of general advice he would say to the students that their difficulty arose from irresolution. Diligence, honesty of purpose, industry, and well-formed habits were their stock in trade. Habits of study must not cease with graduation for their subject was interminable. Members of the graduating class would soon become general practitioners, asylum physicians, specialists of one sort or another, but he could advise them that in whatever department they might cast their lot a general knowledge of the whole broad field of medicine was a prime necessity. Too sanguine expectations must not be formed in the beginning. Success demands a long courtship and unintermitting toil. The early disappointments of Sir Astley Cooper and a well-known Philadelphia surgeon were cited as examples of the fate of many who proved ultimately successful; but with the true physician pecuniary rewards were not the main, but rather the last, consideration.

ALUM FOR LEAD COLIC.—Dr. Geo. C. Pitzer says this is an excellent remedy in lead colic:

Alum.....	3 ij;
Dilute phosphoric acid.....	3 j;
Orange-flower water.....	} āā 3 ij.
Water.....	

M. S. One tablespoonful every hour.

This will frequently relieve the nausea, relax the spasm, and open the bowels when other drugs fail to afford any relief.—*Amer. Med Jour.*

### THE SEMI-CENTENNIAL JUBILEE OF MCGILL MEDICAL FACULTY.

The oldest medical school in Canada, the tenth oldest in America, celebrated the opening of its fiftieth session on the 4th and 5th of last month. The Medical Faculty of McGill College is really older than fifty years, for it lost three sessions during rebellion times, and it is owing to this intermission that 1882-83 is its fiftieth session.

The proceedings commenced with an introductory lecture by the recently appointed Dean, Dr. R. P. Howard, in the theatre of the Redpath Museum, on the evening of the 4th October. The seats were filled by students and graduates of the University, as well as by many invited guests. The subject of the address was a history of the founders of the school, with a sketch of the life of the late Dean, Dr. George Campbell. At the conclusion of the lecture, all adjourned to the Museum, where a *conversazione* was held, an entertainment made pleasant and interesting from the number of graduates who had come from their homes to take part in the rejoicing over the successful career of their College. Upwards of six hundred people attended the reception, and it was regarded as one of the most successful entertainments of the kind ever held in Montreal. The following day was spent by those who had come from a distance, in visiting old haunts and hunting up old friends. The wards of the General Hospital were the chief attraction. The College classrooms and the dissecting-room, however, received their share of attention. Old boarding-houses and landladies were not forgotten.

The great event of the Jubilee was the dinner. Many more graduates arrived just in time for it. On the evening of the 5th there sat down some two hundred and twelve guests, in the magnificent dining hall of the Windsor Hotel. Of these about one hundred and ninety were medical graduates of McGill. The seats were arranged in such a way that men of the same class sat near one another. Many an antique joke was unearthed, many an old story retold.

The senior classes were well represented. Dr. Workman represented '35. His only sur-

living class-mate, Dr. Hart, sent his congratulations to the Dean and Faculty, with regrets that advancing age and domestic affliction prevented his leaving his home in Louisiana to join in the celebration. No '42 or '46 men were present. These two classes have gone where all college classes go. '43 sent up one graduate. '47, '48 and '50 turned out in force.

Among the guests seated at the principal table were: Dr. Chadwick, representing Harvard; President Buckham, of the University of Vermont; Dr. Covernton, of Trinity College, Toronto; Dr. Workman, representing the Toronto School of Medicine; Hon. D. A. Smith, Mr. Hugh McLennan, Dr. d'Orsonnens and Dr. Rottot, representing the French Schools, and Mr. David Morrice, the founder of the Morrice Scholarship in Physiology at McGill.

The Lieut.-Governor of Quebec, himself a graduate in medicine of 1860, sat at the Dean's right hand.

The toasts customarily given on such occasions were duly honoured. Immediately after the response to the toast of the Sister Professions, the Dean said he had a most gratifying announcement to make. He read to the company a letter which he had just received from one whose name he could not divulge. The writer offered \$50,000, a gift to the Medical Faculty, as a nucleus for an endowment fund, if by the first of August next an equal amount were subscribed by others.

A tremendous burst of cheering followed this wholly unexpected announcement.

During the course of the evening congratulatory telegrams were received from various parts of the globe. The new College of Physicians and Surgeons, of Chicago, sent greeting, "the infant to the matron." The announcement that the Professors and students of Trinity College, Toronto, had sent by telegraph their congratulations, was received with the most enthusiastic applause.

The Secretary was instructed to transmit by telegraph to Dr. Roderick Macdonald, of Cornwall, the oldest McGill graduate alive, expressions of regret at his absence, and on behalf of the assembled company to wish him all happiness and prosperity.

A graduate, with commendable affection for his College, sent a cablegram from Edinburgh. One also arrived from California.

At a late hour the gathering broke up, the banquet having been a thorough success, and the occasion one to be remembered by all who were present.



# THE Canadian Journal of Medical Science.

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TORONTO, DECEMBER, 1882.

## Original Communications.

### REPORT ON OPHTHALMOLOGY AND OTOLOGY.

BY A. M. ROSEBRUGH, M.D.

(Read before the Ontario Medical Assoc., June, 1882.)

The ophthalmoscope was invented in 1851. Von Græfe commenced his brilliant career the same year, or the year previous. In 1854 Von Græfe and Donders established the "Archives für Ophthalmologie," and in 1860 Prof. Donders published his great work on "Accommodation and Refraction." About the same time Snellen constructed his "Test Types." In 1865 Von Græfe discovered that iridectomy will relieve intraocular pressure in glaucoma; and in 1867 he gave the world the modern operation for hard cataract.

The invention of the ophthalmoscope, then, may be said to mark the commencement of a new era in ophthalmic medicine and surgery. We may not pause to even enumerate the pathological conditions that may be observed with the eye mirror. Ophthalmoscopic literature has already reached large proportions. We may say in general terms, however, that, with the exception of the ciliary processes, and a narrow zone of the anterior expanse of the retina, all the structures of the inner eye, with the aid of the ophthalmoscope, are brought under the eye of the observer.

Except in a few cases where the disease has no ocular expression, the ophthalmoscope enables us to find a cause for all the forms of blindness formerly called amaurosis and amblyopia. The ophthalmoscope is also a valuable

aid in diagnosing diseases of the nervous centres, as, for instance, coarse disease at the base of the brain; and quite recently the ophthalmoscope has been recommended as a means of diagnosing diseases of the inner ear.

The treatise of Prof. Donders, of Utrecht on the optical defects of the eye, which appeared in Holland in 1860, and which was afterwards translated and published by the New Sydenham Society, is still a standard text-book. In the choice of spectacles, Donders' great work is the foundation of our therapeutics.

Donders was enabled to eliminate the variable from the fixed refraction of the eye, and discovered, *first*, that presbyopia is not a refractive error, but is simply a gradual lessening of the focal adjusting power, or accommodation of the eye, and usually commences as early as at the age of 15 years; secondly, that in the original structure of the globe, the antero-posterior diameter of the eye may be elongated or shortened, causing excessive or deficient refraction, and called respectively myopia and hyperopia; thirdly, that the refraction of the different meridians of the eye may be unequal. Thus, in the vertical meridian, for instance, the refraction may be normal, while the horizontal meridian may be either myopic or hyperopic, and that this condition, called astigmatism, may be simple, or it may be complicated with myopia or hyperopia. For paralyzing the accommodation, Donders dropped into the conjunctival sac a few drops of a solution of atropine, 4 grs. to the ounce.

Donders also demonstrated that errors of refraction are important factors in the causation of strabismus,—that fully 75 per cent. of

cases of convergent strabismus are caused by hyperopia, that a large number of cases of divergent strabismus are due to myopia, and that the development of the strabismus may be arrested by the early correction of the optical defect by the use of suitable spectacles, and also that after a tenotomy has been performed, the wearing of spectacles is often necessary to prevent a relapse of the deformity.

More recently, it has been satisfactorily demonstrated that the irritation arising from uncorrected errors of refraction may cause various eye troubles, such as phlyctenular inflammation of the cornea, or conjunctiva, blepharitis marginalis, neuro-retinal congestion, &c.

Ophthalmology has been wonderfully advanced by the adoption of Standard Test Types. The average acuteness of vision in the visual line—that is, at the *fovea centralis retinae* is taken as  $\frac{1}{5}$  of a degree. Capital letters, varying in size from  $\frac{1}{4}$  to 4 inches in length, printed on a large card, are so constructed that the diameter of the perpendicular stroke of each series of letters shall equal exactly  $\frac{1}{5}$  of a degree, when viewed from a fixed distance designated: thus, No. 15 should be seen distinctly at 15 feet, No. 20 at 20 feet, No. 100 at 100 feet, and so on. When a patient can distinguish, say No. 20 at 20 feet, his vision is considered normal, and is indicated by the fraction  $\frac{20}{20}$ , or unity. If, however, he can only distinguish No. 100 at 20 feet, his vision would be expressed by the fraction  $\frac{20}{100}$ —that is, the distance at which the letters are actually seen is divided by the distance at which the letters might be seen with normal vision.

In modern ophthalmology, in addition to making a careful record of the acuteness of vision in the visual line, note is also made of the field of vision. This may be clouded, or completely obliterated in certain directions, and may be caused by detachment of the retina, hæmorrhagic effusions, tumours, &c.

Before giving a favourable prognosis in cataract cases, the extent of the visual field is carefully examined.

In certain cases colour tests are also used, as it has of late been demonstrated that colour blindness may be an acquired lesion. In to-

bacco amaurosis, for instance, a seaman or a railroad man may be able to attend to his ordinary duties, but fail to distinguish between a red or a green signal. Hence such persons should be examined periodically for colour blindness.

We are indebted to Von Græfe for the modern treatment of glaucoma. He had noted the fact that iridectomy reduces the normal tension of the eye. When, therefore, it was subsequently discovered, by the combined aid of the ophthalmoscope and pathological examination, that glaucoma is caused by excessive intraocular pressure, Von Græfe immediately tried the effect of iridectomy in relieving the intraocular pressure, and gave to the world a cure for an hitherto incurable disease.

During the last 15 or 20 years, a complete revolution has taken place in the treatment of cataract. By the combined use of the ophthalmoscope and oblique illumination, the different varieties of cataract can be differentiated, and the state of the development of the opacity accurately ascertained. With facilities for making an accurate diagnosis, improved operative procedures, and with the judicious adaptation of the operation to each case, the results of treatment are at least as satisfactory as in any other class of surgical cases.

Statistics have been collected of 11,000 cases of hard cataract treated by the old "flap" operation previous to 1868; and of 11,000 cases treated by the modern operation,—showing that with the former there was a total loss of sight in 16.7 per cent. of the cases, and that with the latter operation the total loss was 6.5 per cent.; still further, that of 1,000 cases of hard cataract operated upon by Von Græfe between 1865 and 1869, the total loss was less than 3 per cent. In the modern operation, for which we are indebted to Von Græfe, the triangular Beer's Knife and the semicircular corneal flap are discarded, and a narrow knife and a straighter and more peripheral cut substituted. The cut is made more nearly in the direction of a great circle of the globe, and a sector of the iris is removed, so as to facilitate the extension of the lens, and prevent prolapse of the iris.

It is, perhaps, almost unnecessary to state,

that the old operation of "couching," or pushing the lens back into the vitreous, has been completely abandoned, as it was found that fully 50 per cent. of the cases thus treated were ultimately lost from destructive inflammation.

The treatment of strabismus and paralysis of ocular muscles in late years has been modified and improved. By the operation called "layering forward," the insertion of a weakened muscle is advanced nearer the cornea. Tenotomy of a contracted muscle is performed subconjunctivally. A conjunctival suture is used to modify the effect of an operation, and prismatic spectacles are used to relieve diplopia and muscular strain.

With the modern improved methods of preparing tissue for the microscope, there has been an advance in our knowledge of the normal and pathological histology of the eye, but we can not stop to particularize.

Quite recently the extraordinary discovery has been made that in the living retina there is secreted a photo-chemical matter, called the "visual purple," which is bleached in a bright light, and re-secreted in the dark. It is said to be an albuminoid secretion, confined to the layer of rods, and is believed to be a conservative element which enables the eye, in conjunction with the iris, to adapt itself to variations in the intensity of the light.

An advance has been made in our knowledge of the etiology of glaucoma. The prominent symptom in glaucoma is excessive intraocular tension. The eye is hard and unyielding. Until recently, this condition was supposed to depend upon hyper-secretion of the choroid. It is now known that this is not necessarily the case, and that the loss of equilibrium of intraocular pressure may be caused by any interference with exosmosis or filtration from the eye, that pressure of the peripheral part of the iris against Fontana's spaces and Schlemm's canal—at the so-called "iritic angle," causes glaucoma, not from any increase in the secretion from the iris or choroid, it is claimed, but by mechanically interfering with exosmosis or filtration through the trabeculae of the anterior scleral ring.

Iridectomy, or the removal of about  $\frac{1}{4}$  of the

iris, was supposed to relieve the intraocular pressure by removing a large secreting surface, but its action is now believed to depend partly upon the removal of pressure at the iritic angle, and partly upon filtration being favoured by the cicatrix, in the anterior scleral ring.

The construction of the ophthalmoscope has been greatly improved of late years. The form now in general use is Knapp's and Loring's. A disc is secured behind the mirror which can be rotated, and which carries a series of very small convex and concave lenses behind the central aperture of the mirror. By this convenient arrangement, any optical defect either in the eye of the observer, or in the eye under observation, is counterbalanced. By suspending the accommodation and rotating the lenses behind the mirror, the latter being brought close to the eye under observation, the refraction can be, at least approximately, determined; and it is possible to prescribe the proper correcting spectacles by this method alone. In prescribing spectacles, however, this method of examination is rather resorted to for the purpose of confirming the result of the examination made with the test types and trial glasses,—with or without paralyzing the accommodation.

Among the operative procedures which may be said to be on trial may be mentioned opticociliary neurotomy as a substitute for enucleation; sclerotomy as a substitute for iridectomy in certain forms of glaucoma, and Loring's dissection of the iris for closed pupil after cataract operations.

Eserine is being substituted for atropine in connection with cataract operations, and in the after treatment of extraction, the eye is now less interfered with than formerly. If there is no cedema of, or discharge from between the eyelids, it is now advised to keep the eye closed for about 7 days after the operation. For the removal of chips of iron or steel from the interior of the eye, the permanent magnet is giving place to the more powerful electro-magnet.

Antisepsis, which has proved a boon in general surgery, has been tried in ophthalmic surgery, but not with encouraging results; and, moreover, the practical difficulties in the way

of carrying out strictly antiseptic treatment in ordinary eye operations, seem to be almost insurmountable. The eye is, however, sponged with antiseptic solutions before and after operations, and caution is used to prevent the infection of wounds from blenorrhœa of the lachrymal sac, the discharges from trachoma, &c., and where atropine or eserine is used continuously for some time, it is considered advisable that these salts (which, by-the-way, should be quite neutral) should be dissolved in a two or three per cent. solution of boracic acid. Boracic acid solutions are also used in cases where there is purulent discharge.

Among the new remedies recently introduced into ophthalmic practice, duboisia and homatropine dilate the pupil, while eserine and pilocarpine contract it. Duboisia can be substituted for atropine in the exceptional cases where the latter is found to irritate the conjunctiva. Atropine is the most reliable for dilating the pupil in plastic iritis. It also acts as an anodyne to the sensitive nerves of the iris and cornea. But it is contra-indicated where there is a tendency to glaucomatous complications,—or in serous iritis, on account of its tendency to increase intraocular tension; in the latter case, homatropine is substituted for the atropine.

In cases where it is simply desirable to dilate the pupil temporarily, as, for instance, for an ophthalmoscopic examination, homatropine, used in a weak solution, will dilate the pupil without paralyzing the accommodation, and its effect upon the pupil is more transitory than that of atropine. Used in stronger solutions, say 5 or 6 grains to the ounce, homatropine will paralyze the accommodation, and the paralysis is not nearly so persistent as it is after using atropine solutions. This is an advantage in favour of homatropine in treating anomalies of refraction.

Eserine is used both for contracting the pupil and relieving intraocular tension. It is a valuable adjunct in the treatment of glaucoma, and in some cases may alone ward off an inflammatory attack. By relieving intraocular pressure, it is a valuable remedy in suppurative and ulcerative diseases of the cornea.

Pilocarpine is not so powerful a myotic as

eserine, and is not much used as a local application. Used hypodermically, however, in  $\frac{1}{2}$  or  $\frac{1}{3}$  grain doses, it acts beneficially upon scleral and episcleral disease, and is recommended for sub-retinal effusion and opacities of the vitreous.

Pagenstecher thinks massage occupies a very important place in ocular therapeutics. He uses either circular or radial friction of the eye with the finger against the closed lid, making very light and rapid motion. It is recommended in old corneal opacities, in pustular conjunctivitis, in scleritis and episcleritis. Pagenstecher prefers combining the massage with the use of the oxide of mercury ointment, but claims very satisfactory results from the massage alone.

The interest now taken in ophthalmology is quite remarkable. An International Ophthalmological Association, which meets every four years, was established about 12 years ago, and many vigorous local societies are now in operation. The American Ophthalmological Society numbers over 75 active members, and quite a large volume of transactions is published annually. There are now over one dozen journals devoted either exclusively or very specially to the advancement of this department of medical science. But, as we sometimes say, "It never rains but it pours." During the past 12 months four treatises on diseases of the eye were issued by the American press alone—one written by Dr. Noyes, of New York, one by Dr. Williams, of Boston, one by Dr. Schell, of Philadelphia, and one by Dr. Mittendorf, of New York.

## FRACTURES OF PELVIS AND SPINE.

REPORTED BY MR. C. M. FOSTER.

(Under the care of Dr. A. H. Wright, Toronto General Hospital.)

Susan K——, set 20, a domestic.

August 30th, '82.—While washing a window in an upper story fell 15 feet to ground, lighting on feet, and then falling on back. Was unable to move.

August 31st.—Was brought into hospital 24 hours after receiving the injury; lay on back; disliked to be moved; countenance anxious;

bowels tympanitic; gas passing involuntarily per anum; paralysis of bladder; was able to move right leg slightly, but not the left; left leg apparently  $\frac{1}{2}$  inch short; crepitus on moving this limb, but difficult to locate it; nothing abnormal discovered at upper extremity of femur or in hip joint; crepitus detected on pushing crest of ilium inwards about middle of crest; per rectum nothing discovered; per vaginam fracture evident about junction of ascending ramus of ilium with descending of pubis; slight bloody discharge from vagina.

On turning her on face, which caused much pain, there was noticed slight deflection to the right of spinous processes of 11th and 12th dorsal vertebræ; also slight curvature in same region, including 4 or 5 vertebræ with concavity to left. This, however, was suspected to be ordinary condition, and compensatory to another curve in upper dorsal region.

*Treatment.*—Bandage applied round pelvis; thighs slightly flexed and kept so by pillow under knees; urine withdrawn by catheter; opiates at bedtime; vagina washed out morning and evening with carbolized water.

September 3rd.—During 4 days since admission, paralysis of lower limbs increased gradually; now unable to move more than feet very slightly; sensibility but slightly impaired; discharge continues from vagina; is now purulent, but still small in quantity; remains on back; there is now incontinence of urine; bowels constipated; patient placed on water bed.

September 13th.—No evacuation from bowels since injury (2 weeks): castor oil, calomel, enemata tried without effect. Constant current ordered to be applied night and morning over abdomen.

September 15th.—Copious evacuation from bowels. After this there was incontinence of fœces as well as urine; bed sores appeared, notwithstanding water bed and great care on the part of the nurses.

She vomited a good deal at times; complained occasionally of pain in back; always dreaded being moved. She sank gradually until September 26th, when she died 28 days after the accident.

*Post-mortem* examination 15 hours after death.—Body much emaciated; deflection (but

no prominence) of spinous processes in lower dorsal region apparent, also curvature. In exposing the spine, considerable extravasation of blood into the soft parts in this region was found. The cord when laid bare, was found to be swollen for about 2 inches in lower dorsal region, much softened, and in places quite disorganized; some congestion of meninges at this spot. On removing last 3 dorsal and 1st. lumbar vertebræ, fractures were discovered. One transverse extending through body of 11th; another transverse extending through upper part of body of 12th; the right pedicle of this vertebra was also fractured at root. On looking at posterior surfaces, a longitudinal fracture was found extending upwards through 12th and half 11th, thence extending obliquely upwards and to the right, detaching a triangular piece of the latter, (11th dorsal vertebra), which projected slightly backwards into canal, and caused some pressure on cord. This was the only marked displacement, and corresponded with degeneration of cord.

The left innominate bone was extensively fractured; one fracture,  $3\frac{1}{2}$  inches long, extended from juncture of anterior, and middle thirds of crest of ilium to the middle of greater sciatic notch; another extended from a point just above the posterior inferior spinous process to meet the former 2 inches below crest. A piece of bone, 1 inch  $\times$   $\frac{1}{2}$  inch, was separated at the centre of acetabulum; from this three fractures extended through and beyond acetabulum, one ending just above spine of ischium, the second passing through ilio-pectineal eminence, the third passing directly downwards into back part of obturator foramen. There was fracture through lower part of ramus of pubes, and another an inch below this through ascending ramus of ischium.

The Dr. considered it remarkable that a slight person, such as the patient was (probably weighing about 100 pounds when she received the injury), should have received such severe and extensive injuries from a fall of 15 feet; that so many and extended fractures should have occurred in both os innominatum and spinal vertebræ without more pronounced signs at first. There was comparatively little displacement, and therefore the functions of the

cord were not completely destroyed by the slight pressure, and the pelvic viscera were not very seriously injured. On examination of fragments of os innominatum, one would suppose that a rectal examination would have enabled him to discover clearly the nature of the fracture, but on account of the condition of the patient, the examination was not so thorough as it would otherwise have been. It is probable that many fractures of the pelvic bones are not clearly diagnosed (or in some cases not recognized at all), as there is often so little displacement, and, in consequence, the signs are rather obscure. In this case, although the innominate bone was broken into 7 distinct pieces, there was practically no displacement, and no injury to viscera excepting a slight laceration of vagina. It is probable that the patient would have made a good recovery if there had been no injury to spine.

#### DISLOCATION OF THE SHOULDER.

##### A Contribution in Support of Kelley's Method of Reduction.

Mrs. —, widow, charwoman, aged about 40, presented herself at the out-patient department, Toronto General Hospital, saying that some thirteen days previously, while returning from work in the evening, she had slipped and fallen and hurt her shoulder. At the time of examination there was no swelling nor bruising, but marked flattening of the left shoulder existed, with some prominence and marked tenderness beneath the coracoid process. The underhand motions of the arm were pretty free, and her hand could be placed on the opposite shoulder, and even on the top of the head with considerable facility. The surgeon's fingers could be readily made to explore the glenoid cavity, as the patient was thin, and the lower portion of the head could be felt in the axilla upon elevation and rotation of the arm. The free movement of the arm and the capacity to place the hand on the opposite shoulder and on the head were certainly unusual, but Dugas's test and the other evidences of luxation mentioned were too positive to be mistaken. There was no shortening of the limb. Reduction was first attempted by the method recommended by

Kocher, at the late meeting of the International Medical Congress in London. Kocher's method is as follows:—The patient is seated, with the surgeon on his left hand. The elbowjoint is first to be flexed to a right angle, and the joint firmly pressed against the side of the chest, then, while holding the elbow in contact with the body, the arm is to be slowly, gently, and steadily rotated out until firm resistance is encountered; then, maintaining this rotation, the arm is to be raised forwards and a little in, and lastly to be rotated in, and the hand brought towards the opposite shoulder. No anæsthetic is needed, and Ceppi says the method is especially valuable in old dislocations.

This was repeated a second time without avail. Kelley's method (which consists in placing the patient on a firm table of convenient height, lying upon the back so as to fix the scapula by the weight of the body, with the side of the luxation drawn well to the edge, while the surgeon extends the arm to a right angle with the body, and then places one of his hips against the patient's side well up in the axilla, and draws the extended arm around his pelvis, holding the hand firmly fixed upon his ilium, after which position is secured, he suddenly or slowly rotates his body on its vertical axis until his back lies parallel with the patient's side), was then tried, and with a minimum of effort was at once crowned with complete success, some tearing of tissue being plainly heard, and the head of the bone returning to its socket with an audible and sensible snap.

#### CLINICAL LECTURE

GIVEN BY DR. J. E. GRAHAM, IN TORONTO GEN'L HOSP.

*Tinea Kerion.* — The vegetable parasites which grow on the skin are:—1. *Tricophyton Tonsurans* of *Tinea Tonsurans*. 2. *Achorion Schönleini* of *Favus*. 3. *Microsporon Furfur* of *Pityriasis Versicolor*.

The first variety, the parasite of ordinary ring-worm, grows on any part of the body, and when examined under the microscope is found to be made up of small round spores, often arranged in the filaments of a mycelium.

On the smooth surface of the body the disease produced is of a mild character, and one easily removed. When, however, it occurs on the scalp, it runs a different and much more obstinate course. In this situation the parasite grows downward into the hair follicles, destroying to a greater or less extent the nutrition of the hair. The latter is on this account short and brittle, over the diseased patches. Often, the parts affected become quite devoid of hair. In somewhat rare cases the parasite produces by its presence even greater alterations than those mentioned. In scrofulous children and those in whom suppuration readily supervenes on inflammatory action, a condition of the scalp is produced which is termed *Tinea Kerion*. Kerion was first described by Celsus, but it was only about the middle of the present century that it was found to be connected with the parasite of ring-worm. I present to you to-day a boy about seven years of age, of a delicate constitution, in whom this condition is shown in a very typical form. Both he and his younger brother were affected with ring-worm of the scalp. In the latter, a healthy boy, you see the disease has pursued its ordinary course. You see round and oval patches partly devoid of hair. That which remains is short and brittle. In the elder, the more delicate boy, the *tinea kerion* is at once recognized. The scalp presents several nodular elevations, on the surface of which are seen small pores. On pressure, a clear transparent fluid exudes through some, and pure pus through others. You see that the patches vary in size and shape, and are exceedingly tender to the touch. Now in nodules, where supuration does not exist, you could easily, by means of the microscope, find the parasite at the roots of the hairs. The latter come out very readily. The disease has been for some months in existence, but now, after two weeks' treatment, shows evident signs of improvement. The treatment adopted has been (1) removal of scabs and scales, by olive oil and occasional poultices, (2) epilation, (3) the application of sulphurous acid and the ointment of the iodide of sulphur. (The affected parts are first bathed, then sulphurous acid applied by means of a sponge,

and afterwards the ointment well rubbed in.) Other parasiticide remedies may be used, viz., citrine ointment, solution of the hyposulphite of sodium, or a weak solution of hydrarg per-chlor. The latter must be applied very carefully.

*Aortic Valvular Disease.*—In my last clinical lecture I brought before you a well-marked case of mitral disease, in which a systolic bruit at the apex could be easily and distinctly heard. To-day I present to you a case in which a systolic and a diastolic bruit can be heard at the base, the former extending along the course of the great vessels, and the latter down the sternum. The history is as follows:—

W. J—, æt. 53. A pensioner. He has been a soldier and sailor, having lived in various parts of the world. He has never had any severe attack of illness. Once had gonorrhœa, but no other venereal disease. In 1861 he had a mild attack of rheumatism, and in 1870 he had a recurrence of the same disease. He was not obliged to remain in bed during either attack. Since 1870 he has been examined by the army surgeon and pronounced healthy, and six months ago he underwent a very careful examination for life insurance. He was passed as a first-class risk. About five weeks ago he was exposed to wet and cold, since which time he has not felt quite well, being troubled with want of appetite, sleeplessness, and rheumatic pains, especially in the left shoulder. About three weeks ago he noticed shortness of breath and a feeling of distress in the cardiac region. These were much aggravated on even slight exertion. He came to me two weeks ago. I was at once struck by the peculiarity of the pulse, which presented the ball-like character in a very marked degree. This led to an examination of the heart, when an obstructive and a regurgitant aortic murmur were heard. He was ordered to keep quiet, and a mixture containing spts. æth. sulph. co. and small doses of aconite, was prescribed. The aconite was given because, in my opinion, the systole of the heart was too strong, so to speak, for the requirements of the system. He has since very much improved. He sleeps well, and does not experience distress on slight exertion. There are three or four points I would like you to notice:—

(1) The pulse. I took sphygmo-graphic tracings about ten days ago, and again yesterday. The latter you see presents the peculiar characteristic of aortic regurgitation. You notice the great and rapid ascent of the primary wave, and its sudden decline. You will notice the same peculiarities on examination with the finger. The sudden decline is caused by the partial removal of the *vis a tergo* from non-closure of the aortic valves.

(2) You will hear on examination two abnormal sounds, both in their greatest intensity at the base of the heart. One, the systolic bruit, you will also hear along the great vessels. It is produced by the blood passing over the rough surfaces of the valves. The second, the diastolic bruit, is the louder of the two, and can be traced down the sternum. It is produced by a regurgitation of blood from the aorta into the left ventricle.

(3) By examination you will find that the apex beat of the heart is in the normal position, and that the area of cardiac dulness is not increased. If the valvular disease had been long in existence, the heart would be so enlarged as to make this condition quite evident on physical examination.

We have then a case of aortic valvular disease which, from both the clinical history and the physical examination, we would conclude must be of recent date. It is probable that the mild attack of rheumatism from which he has suffered since his exposure to wet and cold, was accompanied by the much more serious disease, endo-carditis. At the present time there are most probably vegetations on the margins of the valves, which prevent their functions from being properly performed. One might almost call this a case of primary endo-carditis, as the rheumatic symptoms have been of so unimportant a character.

He is now taking potass. iod., and is kept very quiet. There is no indication in this case for digitalis. Judging from the pulse, the left ventricle appears to be acting too strongly as it is, and giving digitalis would only add fuel to the fire. Rest and quiet are the main therapeutic agents.

Wohler of Gottingen, the well-known chemist, is dead at the age of 82.

## MALIGNANT DISEASE OF LOWER PART OF COLON, UPPER PART OF RECTUM, AND LEFT SUPRA-RENAL CAPSULE.

BY R. ZIMMERMAN, M. D.

Reported to Toronto Medical Society, Oct. 19th, 1882.

✓ A. B., set 25, compositor. *Family history.* Grandfather said to have died of cancer. No other evidence of family predisposition could be obtained. Father and mother living, aged. *Previous history.*—Has suffered during the past six years from frequent attacks of nausea, vomiting and acute pains in the stomach and bowels, and violent headaches. Four years ago had an attack of ague, and two years ago one of diphtheria (!) On Dec. 23rd, 1881, went to Winnipeg, and it is stated that, while there, again suffered from diphtheria. The attacks of nausea, vomiting, pains in the stomach, bowels, and head increased in severity and frequency, and he returned to Toronto about February 1st, 1882. He now consulted Dr. Graham, who treated him till April 19th, when Dr. G., on leaving for Europe, transferred him to Dr. Burns. At this time he was suffering from symptoms of lead poisoning, colic, wrist drop, blue line on the gums, and constipation, alternating with diarrhoea. About the middle of May he became an opium eater, his mother having, unfortunately, taught him the habit, in order to ease his frequent pains in the abdomen. The preparation used was gum opium in variable doses which, according to his wife, were never large. He desired earnestly, and struggled hard to abandon this pernicious habit, but failed, and continued using opium up to the time I was called hurriedly to see him, on account of profuse hæmorrhage from the bowels. This was on August 18th, when I found him almost pulseless, having lost, as nearly as I could judge between 25 and 30 ounces at least, of what appeared to be arterial blood. Ergot hypodermically, ice passed into the rectum, and turpentine, gallic acid, and tinct. cinnamomi internally, and the injunction of perfect rest were followed by a cessation of the hæmorrhage, but a trifling amount passing on two or three occasions afterwards. The nausea, and the pain and vomiting prevented medication by the mouth, (with



the exception of bismuth, pepsin, and pulv. cret. co. c. opio powders occasionally). Reliance had to be placed on morphia hypodermically, and this had to be given in rapidly-increasing doses up to the time of his death, which occurred on Oct. 15th. During this time he was seen frequently by Dr. Diamond and myself. Dr. Strange saw him once in consultation and agreed in the diagnosis of malignant tumour of the bowel—an opinion formed by Drs. Graham and Burns in the spring. No tumour could at any time be felt, either by rectal examination or abdominal palpation, though he was so emaciated that the latter was easy. Heart and lungs were normal. The patient remained exceedingly weak, the facies became cachectic and sallow, and he suffered acutely when not under the morphia. Stimulants could not be retained. Food had to be administered in very small quantities. The constipation and diarrhoea alternated, but the stools at no time presented evidence of rectal stricture. The urine was normal—no œdema—no rise of temperature. During the last nine days of his life he had 117 grains of morphia hypodermically, in one twenty-four hours getting as much as 20 grains. He died quietly, being semi-conscious for six hours.

The autopsy, 26 hours after death, was necessarily partial and hurried, the abdominal and pelvic viscera being the only parts examined. A scirrhus tumour was found involving the termination of the sigmoid flexure and upper part of the rectum. It chiefly affected the posterior part of the bowel, and had dense adhesions to the posterior wall of the pelvis. There was but slight narrowing of the gut. The peritoneum around was injected, and the abdominal and pelvic glands enlarged. Liver, spleen, stomach, and small intestines normal. The right kidney was congested, small, and cortical portion much atrophied, surface smooth. Left kidney congested and enlarged. The right supra-renal capsule normal. Left supra-renal capsule much enlarged, and, though softer, similar in gross appearance to the tumour of the bowel. Microscopical examination showed the tumours to be of a carcinomatous nature, the one in the bowel having much more of the fibrous element than that of the supra-renal capsule, which

was softer and much richer in cells. From the rather meagre literature of cancer, of the supra-renal capsule, I have learned, that it is rarely found primary, one-sided, or occurring in young subjects. Also in all diseases confined to these structures, the body is usually not emaciated. These facts, together with the microscopic appearances and relative sizes of the growths, point to the pelvis as the primary seat of the disease. It is worthy of note, that many of the symptoms present, in this case, while under my observation occur in both lead poisoning and supra-renal disease. Of course the wrist drop, and blue line on gums observed last spring were distinctive. They were not present latterly, and, save the cachectic look of malignant disease, nothing like the bronzed skin of Addison was noticed. The lead poisoning was, I think, neither a primary nor concomitant cause, though it undoubtedly, by increasing the anæmia, may have hastened the fatal issue. Pathologists who adopt the view that cancer is exclusively local in its origin would look upon the constipation of lead poisoning as liable to cause cancer of the rectum; but I am not aware that constipation has been noted as frequently preceding the development of malignant disease there.

#### RUPTURE OF STOMACH.

BY JOHN H. M'COLLUM, M.B., TORONTO.

A. E. F. B—, æt 45. Received a powerful blow from above downwards and backwards from a heavy piece of wood which was thrown back from a circular saw to which he was feeding it. This occurred at 2.30 p.m. of the 2nd of November. He was rendered unconscious for a short time, but soon recovered and was conveyed to his house in a waggon at 3.30. He was able to walk, being supported on either side from the waggon to the house and was assisted to bed.

He complained of a severe pain over the seat of injury, which was about in the nipple line over the cartilages of the false ribs of the right side. There was a slight discolouration, but no abrasion of the skin. The pain was localized in this spot. There had been no vomiting; full respiration caused an exacerbation of the

pain; there was no crepitus, and but slight evidence of shock; no faintness, pallor, or coldness, and except for the pain there was no alarming symptom. He was ordered opium. At about 4.30 or 5 p.m. the first dose of opium was given, this he vomited. At 7 p.m. was seen again; the pain was increasing, but still localized; as he had vomited the first dose of medicine, his friends had neglected to give him any more. A hypodermic of morph. sulph. gr.  $\frac{1}{4}$  was given, and he had half an hour's rest. Hot fomentations were also applied over the seat of pain. At 10 p.m., as he desired to pass water, but was unable, a catheter was passed and about a pint of normal-looking urine withdrawn. The pain was now becoming general, extending over the abdomen which was more or less distended. The pain was aggravated on pressure. At 11 p.m. the pain increased, and the face began to assume the pinched and anxious appearance indicative of peritoneal trouble; the pulse became frequent and thready. He had since 7 p.m. swallowed a  $\frac{1}{4}$  gr. granule of morph. sulph. every hour in a little water without relief; also some brandy. His mind was clear up to the last moment, when he sat up in bed to take a drink of water and fell over immediately, dead, at 8 a.m. of the 3rd.

*Post-mortem* four hours after death; abdomen distended; no abrasion of skin noticeable.

Immediately on opening the peritoneum a gush of intestinal gas escaped, and the belly flattened. The intestines were in appearance slightly injected, and a little sticky under the stomach. The abdominal cavity contained a quantity of thin brownish fluid, and bits of undigested food were floating about; some particles were found as low down as the cæcum. The stomach was lying under the diaphragm, its cardiac extremity concealed, but the body distended and round; the pyloric orifice being to the right side of the spine, and under the left lobe of the liver. Over the vertebral column and beginning an inch and a half from the pyloric orifice was a rent on the anterior wall of the stomach, and extending to the pylorus; the rent was about an inch and a half in length, the edges strongly everted, the gastric mucous membrane projecting and everted; a mass of cabbage was protruding from this orifice. There was some blood effused under

the serous covering of the stomach, and this extended under the serous covering of the duodenum for some three or four inches. The posterior wall of the stomach immediately opposite to the rent was much ecchymosed for a space about the size of a silver dollar, and an abrasion of the outer coat of the stomach reaching to the muscular layer was noted at this point.

The liver presented upon the upper and back portion of the right lobe several ecchymoses; and the colour of its capsule was a peculiar livid blueish gray. Spleen healthy.

There was no blood free in the abdominal cavity, nor were the abdominal and mesenteric veins enlarged or dilated. The heart was not examined. The kidneys were healthy.

#### CONGENITAL MALFORMATION OF RECTUM AND ANUS.

BY GEORGE SHAW, M.D., HAMILTON.

Mrs. O—, on 24th August, was delivered of a large healthy child, well developed excepting the anus, which was absent. During the second and following days, meconium was passed with urine in small quantities, sufficient to stain the napkin. No rectal pouch was noticeable, nor could any sensation be detected in that region. An operation was proposed but not consented to until late the evening of third day. The following morning the infant was chloroformed and a tentative incision to the depth of an inch made through the perinæum, between bladder and coccyx, with negative results. Colotomy was then easily performed by Dr. Malloch. Meconium freely escaped after opening colon. The child was under chloroform one hour and forty-five minutes; recovered well from the operation; nursed freely several times and seemed doing well, until the next morning when unfavourable symptoms appeared, the child dying the same evening, the fifth after birth. A *post mortem* made the next day revealed the fact that death resulted from peritonitis. No meconium was found in the abdomen. The colon terminated in a large dilatation running well into the hollow of the sacrum, its fibres interlacing with those of the bladder. The rectum and bladder were re-

moved, and on closer examination it was noticed that the rectum communicated with the bladder at the trigone vesicale by a small opening not more than one-sixteenth of an inch in diameter. It might be stated that the sister of Mrs. O—, was delivered of a still-born child with no anus, besides having had another child with congenital deformities.

### *Selections: Medicine.*

#### MEYER ON PAINFUL PRESSURE-POINTS.

Dr. Moritz Meyer (*Berlin. Klin. Woch.*, No. 31, 1881 has already called attention (*ibid.*, No. 51, 1875) to the indications for galvanic treatment obtained from the presence of painful pressure-spots along the spine. In the present paper, he re-states and illustrates this point, and extends his statement to pressure-spots discoverable along the whole course of the trunks and branches of nerves.

The first case adduced is that of no less a patient than Professor Westphal himself, who, in May, 1880, had an attack of neuralgia in the right arm and shoulder. Dr. Meyer discovered a painful pressure-point at the upper part of the brachial plexus. An anode of ten cells was applied to it, and within five minutes the pain had considerably subsided. The repetition of the operation four times during the ensuing week was sufficient to effect a complete cure. In the next two cases, the result of the treatment is the more striking, that previously the patients had been subjected to galvanic treatment on the usual system.

A girl, aged fourteen, had for the last nine months suffered from severe pains in the fourth interosseous space of the right hand, extending upwards along the radial nerve, to the posterior edge of the deltoid. Most movements of the arm had become impossible. The galvanic current had been applied to the hand and forearm during several weeks. Dr. Meyer discovered a limited tender spot in the brachial plexus. The anode was applied over it, with the immediate result of enabling the patient to write a few words. Every successive application determined further progress; and, after the

seventeenth, the patient was considered well. Subsequently, after excessive writing, there was a slight relapse, which rapidly gave way to the same treatment.

Another patient aged nineteen, in consequence of an injury to the head of the ulna, for which she had worn a plaster bandage for six weeks, had, during two years, suffered from neuralgia in the ulnar nerve, which deprived her of the use of the arm. Every kind of treatment, including galvanism locally applied, had failed to give any relief. A tender spot was found at the lower part of the brachial plexus; and the treatment was accordingly conducted as in the previous case. Very soon the pain diminished, and the patient began to be able to extend and abduct the little finger. After twenty applications, she was able to paint, play the piano, etc. Writing was still difficult, and the treatment was persevered in for another series of thirty applications, when she had practically recovered.

The following cases illustrate the indicative importance of pressure-points for galvanic treatment in other neuroses.

A patient aged twenty-seven, had suffered for nine years, from sick headache. The attacks were very frequent, chiefly in the left side. There was tenderness over the upper cervical transverse processes. The positive pole, of six elements, was applied to the corresponding side, for three minutes. Thirty-five such applications, spread over three months, relieved her completely. A slight relapse, after undue excitement and exertion, was overcome by a repetition of the treatment. There has been no relapse for the last four years.

A banker, aged thirty, became affected with twitching on the right side of the face. Pressure on the third and fourth cervical transverse processes was painful, and arrested the twitching. Two courses of anodal galvanisation of the spots, successfully relieved the patient, who has been free from any symptom for the last twelve months.

In a third patient a fall downstairs, two years previously, produced injury to the right scapular region; this was followed by a neuralgic condition of the shoulder and arm, with difficulty of breathing. Dr. Meyer found the

motor points of the rhomboid (which was in a state of contraction) and the serratus magnus painful. Rapid recovery took place under galvanisation of these points.

Dr. W., aged forty, after a strain six years ago, lost power in the left arm, and experienced a sense of tightness in the left side of the thorax. He had been through a number of methods of treatment, external and internal, but without benefit. Two painful points were found: one over the seventh cervical spinous process, pressure upon which caused violent hiccoughing; the other over the origin of the left phrenic nerve, form the third to the fifth left transverse processes. A short galvanic treatment of nine sittings of these spots brought about a marked improvement. Nothing remained, on the patient's compulsory departure from Berlin, beyond a vague sense of discomfort. Later news from the patient showed the improvement to be lasting.

On the strength of these and many other cases, the author insists on the necessity of carefully searching in all cases of obstinate neuroses for painful spots. Weak currents are indicated especially at first.—*London Medical Record*.

#### MALARIAL FEVERS AND SULPHUROUS EMANATIONS.

(Translated from *Le Journal D'Hygiene*, by Dr. P. H. BAYCE, M.A.)

M. d'Abbadie, the learned traveller, has given an account to the Academy of Science of an enquiry carefully made for determining "whether the sulphurous emanations involuntarily received in those places where malaria reigns are of a nature to preserve the health of their inhabitants?"

From statements which have been transmitted to him by M. le Pr. Silvestri of Catana, it appears "that the great portion of the *soufrières* (sulphur works) of Sicily are situated in mountainous localities where the influence of malaria is not felt. However, some *soufrières* are found in a region but slightly elevated in places where intermittent fevers prevail. In these districts, while the population of neighbouring villages are attacked by

the fever, in the proportion of 90 per cent., the workers in the sulphur mines, without being perfectly exempt from the scourge, only suffer from it in the proportion of 8 or 9 per cent.

These figures confirm the opinion so generally admitted in Ethiopia of the efficacy of sulphurous fumigations.

On the other hand, M. le Dr. Fonqu , who has related the fortunes of the great city of Zephyria (40,000 souls), situated at the base of the road of Milo, a city completely decimated by paludal fevers, attributes this decadence and ruin to the removal of the sulphur works. This removal of the *souf ri res* has varied in former times. Until the end of the last century the sulphur was principally mined at Kalamo, since this time it has mostly been on the eastern side of the island.

"In a word," writes M. Fonqu , "Zephyria and the surrounding plain have become deserted since they are no longer subjected to sulphurous emanations. This coincidence is in all cases worthy of attention."

Another example: The marshy plain of Catana is traversed by the Simeto, and is infested with fevers. On the west side of this plain is a *souf ri re*, and beyond it is still seen a village which was abandoned at the commencement of our century, on account of intermittent fevers. It is proper to note that the district of the sulphur works is peopled by a colony of workers, while the village is deserted, although it occupies a more elevated position. The sulphurous emanations would then seem to exercise a favorable influence.

It has appeared to me necessary to give this communication of M. d'Abbadie great publicity in order to call for the examination of these facts, and their clinical control by our learned *confr res* in Sicily. DR. J. M. C.

CONVALLARIA MAJALIS.—Further testimony in favour of the value of the Lily of the Valley (infusion of seeds, stem, and roots—eight oz. bruised, to the pound of boiling water—of which a dose is two oz. every two hours), as a cardice tonic and sedative, and valuable succedaneum of digitalis, are contributed by Dr. H. C. Wood to the *Phila. Med. Times*.

### NEW TESTS FOR ALBUMEN IN URINE.

Dr. Wm. Roberts, of Manchester—one of the highest living authorities on the subject—lately recommended the following in the *London Lancet*: "In preparing the test with our common English measures, the readiest plan is to mix a fluid ounce of dilute hydrochloric acid with a pint of water, and to saturate this with common salt, and filter." (An equal quantity of dilute nitric, sulphuric or phosphoric acid may be used instead of the hydrochloric.) The method of applying the brine test is similar to that followed with nitric acid. A portion of the suspected urine is placed in a test tube, the test-tube is then held very much aslant, and the salt solution is allowed to trickle along the side of the tube to the bottom, so that it may form a distinct layer at the bottom. If albumen be present, a white cloudy zone appears at the junction of the two fluids." The precipitation is not due to a true coagulation, hence it is re-dissolved by the free addition of water or even of the urine itself. In point of delicacy, the brine test stands on a par with nitric acid. In high-coloured urines it is superior, causing neither a deepening of the tint nor the disengagement of gas, as does nitric acid. Acidulated brine also precipitates peptones in urine, giving rise to a slight cloudiness sometimes where nitric acid and heat produce no reaction. This test for peptones may prove of clinical value in the future. The brine does not precipitate the urates as does nitric acid in dense urines. The cloudiness produced by nitric acid in resinous urines in the cold, also occurs with the brine whether hot or cold. Cloudiness occurring with the salt solution, if due to albumen, disappears on the addition of a large excess of the urine, but not so if due to the presence of resins. One advantage of the salt solution is its being incorrosive and hence safe in carriage. Another is that it does not interfere with the test for sugar. The same specimen after being thus tested for albumen, may by the addition of Fehling's solution, or one of Cooper's pellets of the solid Fehling's test be examined for sugar.

Dr. Geo. Johnson, of King's College, in a

more recent communication, suggests a saturated solution of picric acid, or a few crystals of that acid, as an extremely delicate and satisfactory test for albumen in urine.

DEWAR ON ERGOT IN PERTUSSIS.—Dr. John Dewar, in the *Practitioner*, May 1882, p. 358, draws attention to the great value of the liquid extract of ergot in whooping cough, in which disease he believes it to be the best and safest, of all remedies. [In the *Edinburgh Med. Jour.*, 1863, Dr. Griefenkel reported the case of a lad, six years old, who was cured of whooping cough in eight days. (*Vide Med. Digest*, sec. 715, 4.) During the last week, in the reporter's practice, a child of eighteen months, not progressing well under the belladonna treatment, was vastly relieved after a few 5-minim doses of Battley's liquid extract of ergot.—*Rep.*]—*London Medical Record*.

TUBERCLE ANTIDOTE—M. de Korab asserts that he has found the employment of helenine to be inimical to the development of the bacilli of tuberculosis.

### Surgery.

#### GOSSYPIUM MEDICATUM.

*Gossypium Hæmostaticum*:—Solution of chloride of iron, 2 parts; distilled water, 12; potash alum, 1; purified cotton, q. s. Dissolve the alum in the water, add the chloride of iron, and soak a sufficient quantity of purified cotton in the mixture. Dry it at a temperature below 60° C. (140° Fah.). Pick, and preserve in a well-stopped bottle with a wide mouth.

*Gossypium Hæmostaticum et Antisepticum*:—Tannic acid, 5; carbolic acid, 4; alcohol, 50; purified cotton, q. s. Dissolve the acids in the alcohol and treat as before.—*New Remedies*.

*Gossypium Boracicum*:—Boracic acid, 10 parts; water, 90; purified cotton, q. s. Saturate, press, and dry as before.

*Gossypium Salicylicum*:—Salicylic acid, 10 parts; strong spirits, 100; glycerine 1; purified cotton, 100. Dissolve the acid in the alcohol. Saturate, press, and dry, and keep as before.

*Gossypium Iodoformum*:—Iodoform, 2 parts;

ether, 10; strong alcohol, 20; glycerine, 10; purified cotton wool, 30. Dissolve the iodoform in the ether and alcohol mixed; add the glycerine and then saturate the cotton wool; dry by exposure to the open air, and keep in a glass-stoppered bottle.

*Gossypium Purificatum*:—Macerate the commercial cotton wool for the space of ten minutes in benzol, press out the liquid, and allow the wool to dry by exposure to the air.—*Monthly Magazine*.

### IODOFORM IN EYE DISEASES.

Lieber uses iodoform in vaseline 1 to 10, and finds it very useful in strumous inflammations. In acute inflammations most eyes bear only a very small quantity of iodoform; in other cases it is generally well borne. Iodoform shows its superior action in fresh wounds of the globe of the eye, alike from accident or operation. In scleritis and episcleritis it is of no use; whilst in *ulcus cornese serpens* it is almost a specific.

Grossman finds that iodoform is specially useful in the abundant purulent discharge of gonorrhœal ophthalmia, and in ophthalmia neonatorum.

Fischer remarks: 1. That it is well borne by most diseased eyes. 2. It is the most successful remedy in pannus scrofulosus and trachomatousus. 3. As an antiseptic, it is of service in operations. 4. It hastens the formation of healthy granulations, and the regeneration of corneal epithelium. 5. It is of considerable worth in dacryocystitis.—(*Wien. Med. Woch.*)

**THE TEMPORARY TREATMENT OF DENTAL CARIES.**—It often happens that physicians are called upon to put an end to the intense suffering occasioned by diseased teeth, the services of a dental practitioner not being at command. Failing to allay the pain, or perhaps declining to undertake what seems the hopeless task, the physician is apt to yield to the patient's importunities, and extract the offending tooth; thus many teeth that might be reclaimed are sacrificed. How to avoid this loss, and yet give relief, is set forth by Dr. Shirley Deakin in the July number of the *Indian Medical Gazette*.

Suppose a patient to be suffering from caries of a tooth, connected with abscess of the gum, capable of opening his mouth only a short distance, on account of swelling of the side of the face; and to have passed sleepless nights, in spite of having applied creasote, carbolic acid, chloroform, etc., without much effect, beyond canterizing his gums. The tooth being found to have a strong shell, the patient is directed to rinse his mouth well with tepid water (water of the temperature he finds most agreeable). After drying the mouth, absorbent cotton, either in pledgets or twisted into a rope, is introduced around the tooth, so as to separate it from the tongue and the cheek. The cavity is then to be cleaned and dried out, as thoroughly as the tenderness will allow of, by means of a bent probe with some absorbent cotton twisted round its end. In this part of the procedure the great point is to keep the tooth cavity free from saliva, and thoroughly dry. The cavity is now to be filled with a cotton pellet saturated with the following mixture:—

R. Pure phenol (carbolic acid No. 1)...f ʒ ss.  
Glycerin ..... ℥ xx.  
Tannic acid ..... ʒ ij.  
M.

Instead of this precise quantity of tannic acid, as much of it may be used as the carbolic-acid solution will take up, adding it slowly, forming a molasses-like liquid, the action of which, the author says, is quite different from that of either of the chief ingredients used separately. The application is painless, and it quickly desiccates the pulp, rendering it perfectly insensible, without appearing to permeate the surrounding healthy dentine to any great extent. A piece of cotton soaked in a solution of mastich or gum benzoin in ether is applied over the pheno-tannic pellet, to protect it from the action of the saliva. The pledgets of cotton are now removed from about the tooth, and the mouth is well rinsed with water. Should there be any subsequent tenderness, the plug may be changed, two or three times a day at first, and then once in two or three days, until the inflammatory action has subsided. Often but one application is needed. As soon as the patient can bear the necessary manipula-

tion the cavity is to be cleaned out thoroughly and stopped with oxychloride of zinc (*os artificial*). The author has known this filling to remain servicable for three or four years.—*N. Y. Med. Jour.*

#### TREATMENT OF SEQUELÆ OF FROSTBITES.—

The editor of the *Philadelphia Medical and Surgical Reporter*, after referring to a remedy recommended by Dr. Lapatin, of Tiflis, consisting in the application, by a glass brush, of a mixture of equal parts of dilute nitric acid and aqua menthæ (Rust's Frozing-Wash contained aq. cinnamomi instead of menthæ) says:—We know, from our own experience, however, a far better, quicker, and still more reliable remedy, which we have never known to fail, no matter how much the parts may have been inflamed, if only mortification had not set in, and this is copaiba balsam. The same is thickly spread on a piece of linen or muslin, and the affected parts covered with it during the night, and a stocking put over the whole. In daytime simply some of the balsam is spread over the parts. After one, or at most two applications, the redness and all pains cease, and a few more applications do not only remove every residue of it, but they seem to impart a remarkably increased vital resistance to the parts against frostbite, if only common precautions are used.

CIRCUMCISION.—Dr Skillern, of Philadelphia, has invented a new forceps which has many advantages in circumcision, and the use of it is so simple that the operation can be performed rapidly and without assistance. The forceps are cross branched, opening by pressure and self-closing. The blades are fenestrated through their entire length. The prepuce having been drawn well forward, the forceps are applied. A threaded needle is then passed through the fenestra and included prepuce making as many stitches as are necessary, but leaving the thread long and loose. The prepuce is then cut off close up to the forceps. The thread is divided both between each stitch and between the two edges of the prepuce, thus giving as many threads as may be desired. By drawing each of these together the mucous and skin surface can be accurately approximated.—*Chicago Medical Journal.*

ENTROPION.—Böckman, in the *Wien Med. Woch.* gives the following operation for entropion: A thread is passed through two needles—these are put into a needle-holder about 1 or 2 m. apart. The needles are entered on the conjunctival side of the lid, beyond the edge of the cartilage, carried along between the tarsal cartilage and skin, and made to emerge near the free edge of the lid. The ends of the thread are then firmly tied and the skin drawn so as to make the lid slightly ectropic. Two or more such sutures may be put in. The operation is very simple, and spoken of as quite successful. The threads are separated by ulceration, and the lid is fixed in its proper position by the adhesive inflammation set up.

FISSURA ANI.—Demure, in *Wien Med. Woch.*, records the case of a child, eight days old, with a very long and deep fissure of the anus. It caused great pain, and bled freely each time the bowels were moved. The irritation from the fissure produced chorea. The sore was dried carefully and painted freely with a mixture of 1 part iodoform, 4 parts balsam of tolu, and 20 parts ether. The ether evaporates and leaves the tolu as an insoluble varnish containing the iodoform. Complete recovery took place in eleven days.

Prof. Kaposi has used naphthol with great success in many varieties of skin diseases. For animal and vegetable parasites he recommends the following ointment:

Axungia .....	100
Sapon. viridis .....	50
Naphthol .....	15
Cretæ Alb. pulv. ....	10

In the inflammatory affections of the skin he prefers a solution varying from 1 to 15 per cent in alcohol. He has used naphthol in 710 cases, of which 71 were eczema; 33 prurigo; 37 psoriasis. The remainder were principally parasitical.—(*Wien. Med. Woch.*)

Dr. E. L. Duer, (*Phila. Med. Times*) recommends erigeron or fleabane, used internally, to stop hemorrhage. The oil may be given in ten drop doses every ten minutes till bleeding is checked. Continued afterwards at longer intervals.

## Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE  
"ROUGH ON RATS."

DEAR SIR,—Lately there occurred in this city two cases of poisoning by the use of the substance sold under the title of "Rough on Rats." One of these cases proved fatal. As the deadly nature of this substance is not generally known, I enclose a report of the analysis of the contents of the box used in one case. It is not right that arsenic should be so easily procurable by unknown parties.

Although I cannot think that my patient swallowed much of the poison, notwithstanding statements by herself and others to the contrary, I was unable to obtain any information at three drug stores as to its composition. Fortunately the almost immediate use of emetics *ad lib.* was followed by results satisfactory to myself if not to the patient.

R. ZIMMERMAN, M.D.

LABORATORY, 116 King West,  
November, 8th, 1882.

I have made an examination of the powder called "Rough on Rats," and find it consists of white arsenic ( $As_2O_3$ ) coloured with a little charcoal. The amount of arsenic is over 99 per cent. This is a convenient preparation by which anyone can obtain a powerful poison.

Yours truly, THOS. HEYS, *An. Ch.*

THE BOARD OF HEALTH MAP AND THE "LANCET."—Several persons have spoken to us about the unjust criticisms of the *Lancet* on this subject. The *N. Y. Medical Record* said the map was the best thing of the kind that had been issued. Disinterested persons to whom we have shown it and the slips issued by the Michigan Board, such as the *Lancet* recommends, uniformly declare in favor of the map, as attracting more attention, and better serving to fix the information in the mind. As to cost, we learn, on enquiry, that the map plan costs between \$50 and \$75 more per annum than the other. We certainly believe in paying the Reporters of Statistics, but of what use would this sum be divided among the many? The *Lancet's* spleen is seemingly not yet frothed out.

THE CANADIAN  
**Journal of Medical Science,**

A Monthly Journal of Medical Science, Criticism,  
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, DECEMBER, 1882.

THE UNION OF THE TORONTO  
SCHOOLS.

The old question of the Consolidation of the two Schools in this city has been revived by the reading of Mr. Carlton's paper on the subject at a recent meeting of the Toronto School of Medicine Medical Society. Since that time the question has been rather extensively discussed, both in the lay press and at the Toronto School of Medicine dinner, but, as a rule, in such a vague and unsatisfactory way that nothing definite or tangible has yet come to the surface.

In considering the subject, two questions naturally arise: 1. Is such a union advisable? 2. Is it feasible? The answer to the first depends largely upon the connection which such an institution would have with the General Hospital. If nearly the same relations should exist as now, we say decidedly the union would not be beneficial to either the profession or the public. There can be no doubt that the rivalry which now exists between the schools does stimulate them both, and, as a consequence, they are more successful, have larger classes, do more work in nearly all the departments, and give better satisfaction than we have ever before seen in Toronto. In fact, the "signs of the times" are, that Toronto is going to be the leading city in the Dominion in things medical, as she long has been in all the other professions, (and among the professions we include the teaching in all our colleges and schools).

On the other hand, if a union could result in a hospital school properly managed, we can say just as decidedly that such a consummation would be vastly beneficial on account of the



great increase in the advantages for clinical teaching which would accrue.

The second question—is it feasible?—is more difficult to answer, and so far as we have seen or heard, no one has given a very definite reply. And yet we hope the difficulties in the way are not so great as many imagine. It may simplify matters to propose a scheme which can be discussed, and we subjoin the outlines of one which would be quite practicable. Let a new Hospital Medical School be established. Let the Government appoint a Governing Board for it, composed of a certain number of laymen selected from the Senate of Toronto University, the Council of University College, the Hospital Trust, and an equal number of physicians. Let chairs in Physiology, Anatomy, and Jurisprudence, as purely scientific subjects, be established in University College. Physiology and Anatomy might be combined and taught by one Professor, or Physiology might be included under Biology. We could thus get from University College and the School of Practical Science instruction in Anatomy, Physiology, Toxicology, Botany, and Chemistry. Let the lectures on purely medical subjects be given in a school attached to the Hospital, or in one of the present buildings, and let there be only one course of didactic lectures given on each subject. Let the students pay in addition to their present hospital fees what they now pay for the second courses in Medicine, Surgery, Midwifery, *Materia Medica*, and Jurisprudence. By this regulation they would pay \$98 each to the Hospital, instead of \$44, which they now give for perpetual ticket and two courses of hospital clinics. Supposing there be an average attendance of 100 new students each year, which is considerably less than the two schools have together had during each of the last two years, there would be a revenue of about ten thousand dollars a year from this source alone. This, after deducting a reasonable amount for expenses, would leave a large sum to be expended in paying a competent staff of clinical teachers.

Let there be in the hospital a regular staff of say ten attending Physicians, with an equal number of assistants, arranged in a manner somewhat as follows: 3 attached to Medicine, 3 to Surgery, 3 to Midwifery, Gynecology and

Diseases of Children, 1 to Eye and Ear. Let each have an assistant, or, to accommodate the present arrangement, let the two Ophthalmologists and Aurists be coadjutors. The present arrangement of two Pathologists might also answer. It should be the duty of the assistants to attend to the out-patients. Let the members of the regular staff be paid three or four times as much for their work as the assistants receive.

Such a scheme presents no great obstacles, and at the same time gives ample room for all the good men in both schools, whose claims we are sure no one would desire to overlook; and we promulgate it without any firm faith in a present prospect of its adoption, but merely as a forecast of the lines in which the scientific teaching of medicine in this city in the future will surely run.

#### DIRECTORY FOR NURSES.

In the *CANADIAN JOUR. OF MEDICAL SCIENCE* for February, 1882, appeared an article urging the advisability and the propriety of establishing a Directory for Nurses, and a plan was shadowed forth, by which this might be effected. After a lengthened period of incubation the seed then sown has germinated, mainly owing to the indefatigable efforts of one man and his farseeing sagacity, and has blossomed into the Directory for Nurses, which, under the fostering care of the Toronto Medical Society, will doubtless bear fruit worthy of its forebears.

The profession and the good people of Toronto already owe a large debt of gratitude to Dr. Workman for his many and beneficent deeds performed in their behalf, and not the least of these is his latest in urging the establishment of the Directory for Nurses.

The plan of the Directory is modeled after that now for some years in successful operation in Boston. It consists in gathering information regarding the personal and professional qualifications of nurses, and in imparting this information to those in need of it. The information is gathered from three sources: from the nurse and from the physicians and families to whom reference is made. As a check to this, information is elicited by a system of enquiry directed to the family supplied with a nurse from

the Directory, and to the physician in charge of the case. The names and addresses of properly recommended nurses are placed in a suitable register, and the confidential information elicited from the physicians and families referred to is recorded in convenient books provided for this purpose.

The affairs of the Directory are in the hands of a committee appointed by the Toronto Medical Society, to whom the committee is solely responsible. The books are kept and the information imparted to the public by a registrar appointed by the committee. And here Toronto necessarily labours at a disadvantage, for she has no Central Medical Institution with resident officers, upon whose duties could be engrafted those of the registrar. Two courses were then open to the committee, either to find a Medical Practitioner suitably qualified, who would be willing to assume the duties of the office, and thus keep the management of the Directory entirely within the profession; or to go beyond the professional circle, and find some layman possessing the necessary requirements of accessibility, aptitude, and responsibility. The Society deemed the first course advisable, and the society, the profession, and the public, are to be congratulated that the committee have succeeded in prevailing upon Dr. McPhedran to assume the duties of this position. His name is a guarantee that this portion of the work of the Directory, will be executed with well directed zeal and painstaking ability.

Although the committee require that nurses shall be well recommended by competent physicians, and that their references shall be satisfactory; still, nurses of average or inferior ability will probably creep into the register. This drawback however will be largely obviated by the system of check information explained above, which, coming from sources unsolicited by the nurse, is more likely to be truthfully impartial.

Thus the objects of the Directory will be fulfilled. Accurate information of the personal characteristics and professional qualifications of nurses, will always be at hand. Patients will be supplied quickly, with trained nurses. Physicians will have the satisfaction of knowing that their difficult cases will be nursed by

skilled and competent hands, and precious time saved, and tiresome and vexatious delays avoided. And as the best nurses will always have the greatest demand it will serve as an incentive for the others to attain as high a degree of excellence as the best, and for these to attain a higher.

The plan is well worthy of the patronage of the profession, as it surely will obtain that of the public. It behoves the Profession generally to give it their hearty countenance and support now at its inception, in order that it may the more quickly attain its highest sphere of usefulness. Without that support its present advance will be checked and its future existence endangered.

#### ANNUAL DINNER OF THE TORONTO SCHOOL OF MEDICINE.

The Students of the Toronto School of Medicine held their 9th Annual Dinner on the evening of the 14th ult., in the Pavilion of the Horticultural Gardens. The concert room was prettily decorated with flags, and the galleries were graced with a pressing throng of the fair sex and their escorts. According to the report of the daily papers, about two hundred guests sat down to dinner, the chair being occupied by Mr. H. S. Clerke, of the Fourth Year. The first vice-chair was filled by Mr. S. Stewart, B.A., of the 3rd year; the second by Mr. H. Martin, of the 2nd year; and the third longitudinal table was presided over by Mr. Robinson, the Secretary of the Committee. Amongst the distinguished guests seated at the cross-table were, Hon. Edward Blake, Chancellor of the University of Toronto; Mr. Wm. Mulock, M.P., Vice-Chancellor, Mr. James Beaty, M.P., Principal Caven, Professor McVicar, Principal Buchan, Mr. Pernet, Revs. Dr. King, S. J. Hunter, Dr. Dewart, J. Pearson, Mr. Arch. McMurchy, M.A., Hon. W. C. Howells, U. S. Consul, Mr. Alfred Baker, M.A., Dr. O'Reilly, Dr. Fulton, Dr. Clark, of the Asylum, Mr. Henry Pellatt, and Mr. Davidson, of Trinity Medical School. The Faculty of the School turned out in full force. In accordance with the usual custom tea, coffee, and water were the only beverages. The Chairman, in an able

speech, welcomed the guests, thanked his fellows for the proof of their confidence in electing him to that position of honour, explained the innovation of having ladies in the gallery, and hoped next year to have them participate more closely in the annual festivities, by the institution of a conversazione. The usual loyal and patriotic toasts were drunk; Mr. Mulock, responding for the Dominion Parliament. In proposing the "Universities, Colleges, and Sister Institutions," the Vice-chairman, Mr. Stewart, spoke strongly in favour of the unification of the Degree conferring powers in general, and warmly advocated the amalgamation of the teaching forces of the two medical schools in this city. The toast was eloquently responded to by Mr. Blake, Dr. Dewart, Prof. McVicar, Principal Caven, Dr. Fulton, and Mr. Davidson. It must have been a source of much gratification to the Chancellor and Vice-Chancellor of the University to observe the terms of respect and affectionate regard in which "that godless institution" was, on all hands referred to. "The Sister Professions," brought the Rev. Mr. Pearson, Principal Buchan, and Mr. James Beaty, M.P., to their feet. "Our Faculty" was responded to by Dr. Aikins, who, in the course of his speech, threw out the excellent suggestion that the examiners of the Medical Council should be paid by government, and that the students should not be taxed to support an examination instituted solely in the public interest. Dr. Richardson being loudly called for also replied, and urged the institution, in University College, of a Chair of Anatomy and Physiology. This would not contravene the statute, these subjects being purely scientific,—an integral part of the science course, and also of a liberal education. "Graduates and Graduating Class," was responded to by Dr. McLaughlin, M.P.P., and Mr. J. G. Wild; "Toronto General Hospital," by Dr. O'Reilly; "The Freshmen," by Mr. Greig, B.A.; and the "Ladies," by Mr. Ellis. During the evening the Students' Glee Club enlivened the proceedings with songs and choruses. On the part of the students the speeches were excellent; indeed, we do not remember ever to have met such uniform excellence in after dinner speaking in a gathering

of young men as was here manifested. Whether in consequence of the presence of the ladies or a combination of circumstances, we cannot pretend to say, but all present declared this Ninth Annual Dinner to be the most successful gathering of the kind yet witnessed.

#### A SUMMER SESSION.

We were pleased to hear Dr. Fulton announce, in his speech at the Trinity School Dinner, that he intended shortly to advocate, in the *Canada Lancet*, the establishment of a summer course of lectures for the better treatment of certain subjects, and the relief of the overcrowded and too brief winter session. Dr. Grasett's advocacy of such a course in his introductory lecture at Trinity, this year, further shows that that faculty is being awakened to the necessity for such an institution; and from conversations which we have had at various times with members of the Toronto School we are convinced that they have long recognised the importance and desirability of thus utilizing the spring and summer months. We are gratified to find, therefore, that a course which we have long advocated, at length gives promise of blossoming into fruit.

In the issue of this JOURNAL for the month of June, 1878, will be found a leading article on the subject of Medical Education, to which we can, with satisfaction, refer those interested for what we believe to be sound doctrine upon more points than one. The language we then held on the present subject we repeat now without apology for the iteration, since the want is there plainly stated, and the means of securing it briefly suggested. "It is high time that a short summer course should be adopted. It cannot be worked successfully unless made compulsory by the Council; and there is no reason why Botany, Microscopy, part of *Materia Medica*, Practical Chemistry, and Toxicology, and even Medical Jurisprudence and Sanitary Science, should not, some few or all of them, be taught in a summer session, and thus lighten the amount of lecturing in the winter. With the plenary powers with which our Council has been endowed, with so many teachers among its members, it is aston-

ishing that some of these reforms have not been more strongly advocated during the past eight (now twelve) years." Students being detained in the city so many more months in the year, the opportunities for the most useful part of their instruction, viz., bedside experience in the wards and out-patient department would be greatly increased. We do not know whether the proposition made by Dr. Fulton, at the dinner of the Toronto School of Medicine the other night, to initiate the much-talked of amalgamation of the schools by a conjunction of their junior members for the formation of a summer course be feasible or not. But we do know that a conjunction of the representatives of the schools in pressing the matter upon the attention of the Medical Council, could not fail to result in the inscription of a much-needed and beneficent enactment on the statute-book of that body.

#### ANNUAL DINNER OF TRINITY MEDICAL SCHOOL

The Sixth Annual Banquet of the students of Trinity Medical School was held in the Rossin House, on the evening of the 8th of November, when a large gathering of students, their friends and well-wishers, sat down to an excellent repast presented in Mr. Irish's best style. The chair and vice chairs were occupied respectively by Messrs. W. F. Dickson, Spragge, and Lynch, while Mr. E. M. Hoople filled the arduous post of honorary secretary to the committee. Among the guests occupying places of distinction we observed the Hon. G. W. Allan, (Chancellor of Trinity); Prof. Goldwin Smith; Mr. Wm. Mulock, M.P. (Vice-Chancellor of Toronto); Mr. James Beaty, M.P.; Rev. Dr. Castle, (McMaster Hall); Principal Caven, (Knox College); Principal Buchan, (U.C. Coll.) Dr. Daniel Clark, (Asylum); Mayor McMurrich; Dr. O'Reilly, (Hospital); Rev. John Langtry; Dr. Canniff; Dr. Mullin, (Hamilton); Dr. Burritt, (Med. Council); Dr. Allison, (Med. Council); the Faculty of the School, and numerous graduates. After doing ample justice to the excellent viands, the list of toasts was attacked with vigour, on temperance principles. In responding for the Army and Navy, Capt. Drayton directed attention to the numer-

ous points of novelty in military and naval warfare illustrated by the late Egyptian campaign, and pronounced the result as an ample vindication of the short term of service system. Mr. Beaty and Mr. Mulock replied for the Dominion Legislature, the one facetiously, the other jocosely. The Mayor was happy in answering to (or for) the City's Health. He prophesied that we should soon have a Medical Officer of Health, though if all his schemes were carried out perhaps we would not need one. The Press was accorded an unusually honourable position, being the next toast on the list. It was responded to by Dr. Fulton, (*Lancet*); Mr. Pirrie, (*Telegram*); Mr. McLean, (*World*); Mr. Ritchie, (*Rouge et Noir*); and Dr. Cameron, (CAN. JOUR. MED. SC.) Dr. Fulton advocated the establishment of a summer course. The toast of the Universities and Sister Institutions was warmly received and ably responded to by Chancellor Allan (Trinity) Vice-Chancellor Mulock, (Toronto); Principal Buchan, (U. C. Coll.); Dr. Castle, (McMaster Hall); Principal Caven, (Knox College); and Mr. Burke, representing the students of the Toronto School of Medicine. Mr. Burke's eloquence was especially worthy of admiration and mention. He warmly advocated the fostering of a unity of spirit and the strengthening of the bonds of friendship between the students of the different Schools, and evidently adopted "Peace, Progress, Knowledge, and Brotherhood" for his text. Prof. Goldwin Smith and others replied for the Learned Professions, Dr. Burritt for the Medical Council, Dr. Geikie for the Faculty, and Dr. Tesky for The Ladies. In the course of his remarks Dr. Geikie referred to the surprising success and progress of the School, and quoted figures to show that in point of attendance its course *ab initio* had been one of uninterrupted and gratifying advance. A number of well-rendered glees by the Students' Club were interspersed throughout the proceedings; and their song descriptive of the characteristics of members of the Faculty occasioned much merriment, especially among its subjects. On the whole a most enjoyable evening was spent; and all connected with the arrangements are to be warmly congratulated on the complete success attained.

## TUBERCULOSIS—FORMAD vs. KOCH.

Some few weeks ago the *Chicago Medical Journal and Examiner* announced that Schmidt, of New Orleans, had a rod in pickle for Koch's *Bacillus Tuberculosis*, and that he shortly intended to demonstrate that the so-called bacillus was nothing more than a fat crystal. More probable, however, and more important, as not being solely negative, are the investigations announced more recently (18th November) by Formad, in the *Philadelphia Medical Times*. In this communication the author states it broadly as a fact that there is a special anatomical peculiarity in every tubercular or scrofulous subject—man or animals—whether the diathesis be inherited or acquired. His statement is based upon and verified by hundreds of dissections (1000 of animals alone) of men and animals, normal and pathological; and the anatomical peculiarity observed is this: the organs supposed to be concerned in the production of white blood corpuscles are disproportionately large relatively to the size of the animal, and there exists a narrowness of the lymph spaces (connective tissue) and their partial obliteration by cellular elements. Only beings possessing such anomalous structure of the connective tissue have primary tuberculosis; and such invariably become tubercular from any injury resulting in inflammation (damage). This condition may be acquired by malnutrition and confinement. Inflammation (damage) is a necessary starting point of tuberculosis even in those predisposed. No inflammation, no tuberculosis. Non-scrofulous animals may acquire tubercular disease through injuries of serous membranes, peritoneum, pleura, &c. The presence of the bacilli is secondary, and the tubercular tissue is a suitable nidus for their growth. As soon as the tubercular tissue undergoes complete change, degeneration and softening, the bacilli, as Koch admits, disappear. Koch's view of giant cells being mere special capsules of the bacilli is an unwarrantable mistake. His claim that the *Bacillus Tuberculosis* differs from other bacilli morphologically and in its behaviour to staining fluids, Formad and Bodamer have failed to confirm. Wood and Formad, in their numerous experiments, have observed that bacteria may

acquire special morphological and physiological features in culture. In making his experiments, Koch injected his culture fluids into any part indiscriminately in scrofulous animals (rabbits and guinea pigs), but in non-scrofulous animals (dogs, rats, and cats), he injected them only into the peritoneum or anterior chamber of the eye, where we know, from old experience, that any irritation may create tuberculosis. The presence of the bacilli may, however, play an important role in phthisis, and even condition the fatal issue of the disease. They effect complete destruction of diseased tissue which, in their absence, might possibly recover. They may thus prove a true *causa mortis*, though not the veritable *causa* or *materies morbi*.

## THE UNIFICATION OF THE SCHOOLS.

During the recent discussion in the lay press and elsewhere of the subject of School fusion, it has not been at all unusual to hear it said (by Schoolmen) that the sole requisite for securing perfection to both Schools is the existence of an exclusive hospital for each. That our material wealth on the one hand, or extent of population on the other, is sufficient to provide either the material or the men for two fully equipped Schools of Medicine, is an hypothesis which the irony of experience and circumstances daily negatives. And drawing an argument for analogy or those "odious comparisons," which, though distasteful, are sometimes beneficial, we may, perhaps, ponder profitably the following remarks. Speaking of the competition between the Metropolitan and Provincial Schools of Medicine, the *London Lancet* says:—"One of the advantages of this competition of the Provinces may be to induce some *concentration and combination of Metropolitan Schools*. Birmingham has set a good example in this respect. Its Medical School began in 1828 as the Birmingham Royal School of Medicine and Surgery. Local medical energy led to the formation of a second School in 1851—Sydenham College. The two institutions in 1858 were wisely merged into one—Queen's College; and in 1873, for the purposes of clinical teaching, the practices of the General and Queen's Hospital were amal-

gamated, and students were required to attend each hospital alternately for six months. A similar consolidation has taken place in Newcastle-upon-Tyne, very much to the strengthening of the School." If such remarks are applicable to the great Schools of the motherland, how much more pertinent are they to the conditions which obtain with us? The *Lancet* goes on to say: "The time may come when a reduction in the number of the licensing bodies will set the Medical Council at liberty to ascertain the efficiency of the Medical Schools and the supply of the means of teaching and of capable teachers; meantime the competition of Schools is the only fact to rely on for ensuring better medical education." With us, on the other hand, where we have but one licensing body, the time has already come when a General Medical Council of Education and Registration might reasonably be expected to fulfil this obvious function of its existence, and where consequently the rivalry of Schools is no longer necessary to secure a high degree of proficiency in educating (mark the derivation) the *mens medicæ*.

#### THE REPRESENTATION OF THE SCHOOLS AND OF THE PROFESSION ON THE HOSPITAL STAFF.

The *Mail* reporter in his interview with Dr. Aikins anent amalgamation of the Schools reports him to have said "that the medical attendants at the Hospital should be supplied entirely by the teaching staff of the Schools," and that the present system was "fair enough as far as the profession were concerned, but by no means so beneficial for the Schools." Allowing the last part of the quotation to pass without demurrer, let us see what would be a fair representation of each; and since we know the Doctor to be a consistent advocate of *representation by population*, and the Schools are but private Institutions existing for their individual benefit, let us assume the numerical strength as a basis of comparison. The Schools together number some 31 members of the profession, and they have ten of their number on the staff; the profession of the city—non-

Schoolmen—number some 120, and their representatives are four. Truly an equitable allotment to an impartial vision! In England the School and the Hospital are one. The Hospital supports the School, or the School supports the Hospital, as the case may be; and if a man by influence or worth succeeds in being appointed to a Hospital, they can generally make a place for him in the School. But they are not supported out of public funds. Only three of the Metropolitan Hospitals are endowed; the rest lead a from hand-to-mouth existence, and scrape along, generally with some of their wards closed, until some rich man dies and leaves them the wherewithal to open them again. Only five of the Metropolitan Hospitals are larger than our own; and some of them have no Schools connected with them; and yet, in many instances, the *personnel* of their staff is by no means to be despised. Good Schoolmen will probably make a good hospital staff; but it does not follow that non-Schoolmen will not. The educational benefits of a hospital are not confined to teachers and pupils; there is a large though humbler class of workers in the profession who are quite capable and very desirous of learning from hospital experience; and if it be true that connection with a hospital confers a certain degree of prestige, and opens the way to consultations, why should not the hard-working private man aspire thereto?

In Edinburgh certain duly accredited gentlemen are, on application, allowed to deliver lectures to classes on certain subjects, as extramural lecturers, and certificates of attendance on such classes are recognized for University and other purposes. Why should we not have something similar instituted here, and thus cut the Gordian knot of this perplexity by all becoming *quasi* Schoolmen?

MALARIA IN SKIN DISEASES—(A correction). Dr. Lunsford, P Yandell, of Louisville, desires us to correct the statement which has been widely circulated in the medical press, that "he attributes all skin eruptions to malaria." His views are that "malaria is the chief (not sole) source of acute skin disease; and scrofula is the chief source of chronic skin disease."

### THE ONTARIO MEDICAL REGISTER AND REGISTRABLE QUALI- FICATIONS.

Dr. Pyne, the able and indefatigable Registrar of the Medical Council, has been at infinite pains to secure the utmost certitude and exactness in the newly-issued edition of the Register. Since the book is in the hands of the great majority of our readers, we need not refer to its contents further than to allude to the gross impropriety on the part of the Council of allowing the registration of such titles or qualifications (save the mark!) as "Proprietor of the Pulmonary Institute, Toronto," "Proprietor of the Throat and Lung Institute, Detroit," "M.A., of the American University of Philadelphia," which never had any existence, &c. The 54th paragraph of the late Report of the Royal Commissioners on the Medical Acts, says:—"We do not propose to interfere with the present powers of Universities as corporations to confer their titles, with or without examination. We think, however, that in the case of persons entitled to be registered, a discretion should be given to the Medical Council to permit these titles to be registered or not, as they think fit." And again, in paragraph 81: "We think that a column should be set apart in the Register for the registration of higher titles recognized by the Medical Council as indicating *substantially higher medical qualifications than are required for a license*." Under such an interpretation of the duties of the Council in the matter, it might of course, become a question if "Fellow of Trinity Medical School," or "Fellow of the Royal College of Surgeons of Edinburgh," would be registrable titles, as being more or less honorary, and not indicating a *substantially higher medical qualification* than the degree or license. But to the registration of honorary degrees from reputable Institutions we have not so much objection. It is against the registration of additions such as first named above that we revolt; and it pains us to find the degree of our Provincial University entered in the same column therewith. If the Council have not now the authority to refuse admission to such blemishes, the immediate procurement of that power is imperatively demanded. In case of failure, let the day of free-trade in medicine dawn again in this benighted Province.

### THE BIRMINGHAM MEDICAL REVIEW, AND THE ONTARIO COLLEGE OF PHYSICIANS AND SURGEONS.

The *Review* in its November issue says, "We have heard a good deal about the course taken by the New York Medical Society in sanctioning consultations by its members with duly qualified homœopaths, but it seems that in Canada they go a good deal further, for the College of Physicians and Surgeons of Toronto, (*sic.*) has a homœopathic member of the Examining Board. \* \* \* This is rather weak-kneed of the Toronto (*sic.*) college; it might at least confine its examinations to well ascertained scientific facts, and leave all speculative questions alone." This citation only serves to show the ignorance of the writer of the topic on which he wrote. It can scarcely, therefore, have come from Dr. Saundby's pen. For the information of the writer we may mention that the College of Physicians and Surgeons of Ontario, to which alone his remarks could apply, is an institution erected by statute for the examination and registration of all practitioners of medicine in the province, of whatever school, sect, or pathy; that it is the sole licensing power in the province; and that the number and character of its members and examiners is also fixed by statute. We fear that our old world contemporary is better acquainted with the views of the *Canada Lancet* on the Homœopathic question than with our own. But if he will take the trouble to refer to our comments, in several issues of this year, upon the action of the New York State Society, he will find that the profession of Ontario, *for whom we profess to speak*, is not so weak-kneed on this particular question. For the soundness of the Ontario, or any other, legislature in matters medical we are not prepared to answer.

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Sir Thos. Watson has had symptoms of thrombosis of the smaller cerebral arteries of the right side, probably near the parieto-occipital fissure. Some bladder irritation supervened, and there has been a gradual but continuous loss of strength. This venerable physician is now 91 years of age.

CANADIAN AND AMERICAN HOTELS.—The *London Lancet*, in a recent annotation, directs the attention of the travelling public to "the dangers attending a lengthened stay in an American or a Canadian hotel." The *Lancet* derives its information from a correspondent, who reports himself as being made seriously ill by sleeping one night "in a bedroom where there was a fixed basin, which communicated directly with the sewer without any intervening trap." He alleges that an examination of many of these arrangements revealed "the fact that they are frequently untrapped, and that when traps are used they are of a bad pattern." If this is so—and its truth we are neither prepared to affirm nor deny—it is, of course, a serious matter to the travelling public, and it becomes them to take what precautions they can to guard against the ill effects of the escape of mephitic emanations from the sewers. To the proprietors of hotels we would suggest the propriety of procuring and posting in a prominent place a certificate, from a competent and recognized authority, that their plumbing arrangements have been inspected, and are in a safe and sound condition. This they owe to the comfort of their guests; and a certitude of safety they owe to themselves, for being amenable to insalubrious influences, they, in the presence of such, like other mortals, "must die and not live." Let them, therefore, see to it that they "put their house in order."

FIRST AID IN RAILWAY ACCIDENTS.—A couple of cases of railway smash lately admitted to the Hospital suggest anew the propriety and advisability of our Canadian railways following the example set them in the Old World, and more recently in the New, by the Pennsylvania Railroad Company. According to the *Medical Record* this Company has purchased two thousand tin boxes containing some surgical materials likely to be of service in cases of accident, and kept in the locomotive constantly in a fit state for immediate and effective use. Each box contains 1 rubber compress, 1 package of absorbent cotton, 6 rolls of bandages, and 1 pyramid of pins; and accompanying these a few simple directions for their

utilization in an emergency. The immediate arrest of blood-loss, and the prompt application of an occlusive dressing in cases of serious accident so often decide the issue between life and death that we deem it sufficient merely to make mention of the matter, and we trust we shall ere long realize the truth of the ancient utterance, *verbum sapientibus sat*.

COURSE OF ORTHOPÆDIC LECTURES.—We have received an announcement of a course of lectures on Orthopædic Surgery, to be delivered by Dr. Newton M. Shaffer, under the auspices of the Trustees of the N. Y. Orthopædic Dispensary and Hospital, at their Institution, No. 126 East 59th-street, New York. The lectures are to be delivered on Thursday afternoons, at half-past four o'clock, from November 16th, 1882, to February 15th, 1883, inclusive. The Course is free to the medical profession and students. We would advise all Canadians who happen to be in New York this winter by no means to miss hearing some of these lectures.

JONATHAN HUTCHINSON'S ADVICE TO MEDICAL STUDENTS.—(Peroration to introductory at London Hospital).—"If now I were to sum up in one sentence what I have been enforcing it would be this: The secret of all noble life lies in belief, and the characteristic of all noble minds is the vigour with which they believe that which is true. Try to attain belief in the reality of all things, so shall you never want for motives, so shall you be able to live and work without hurry and without sloth. Finally permit me to commend to you this formula: prize strength, love the beautiful, practise self-denial, and be patient."

*The Archives of Dermatology*, the Quarterly Journal of Skin and Venereal Diseases, so ably conducted for the last eight years by Dr. L. Duncan Bulkley, the distinguished Dermatologist of New York, has ceased to appear, owing to the pressure of other demands on the editor's time. We shall miss our old friend very much.



Our old friend, the *New York Medical Journal and Obstetrical Review*, formerly edited by James B. Hunter, but now by Frank P. Foster, has announced its intention of appearing weekly after the beginning of the coming year. We wish it every success in its new venture.

The *American Journal of Obstetrics*, published by Wm. Wood & Co., and edited by Paul F. Munde, (who by the way has just succeeded Noeggerath as Gynaecologist to the Mt. Sinai Hospital), will henceforth appear monthly.

It is announced that the Medical School in connection with the Johns Hopkins' Hospital, of Baltimore, will be opened in the Fall of '83.

#### PERSONAL.

Dr. Ames has removed from Martintown to Arkona.

Dr. Harrison, of Toronto, has removed to Cambray.

Dr. W. H. Aikins, of this city, now in Vienna, has just recovered from diphtheria.

Prof. Virchow has been seriously ill. The latest accounts, however, are reassuring.

Dr. Casgrain has been appointed one of the internes at the Hospital.

Dr. W. J. Wilson has returned from Pittsfield, Mass., and is now practising at Richmond Hill.

Dr. Nasmith, Toronto School of Medicine, has been admitted L. R. C. P. Edin., and L. F. P. S. Glasgow.

The late Mr. F. M. Balfour, Prof. of Morphology, at Cambridge, bequeathed £1000 to Michael Foster, to foster the study of Physiology.

J. F. W. Howitt, (of the Toronto School) passed the primary examination of the Royal Coll. of Surgeons, in the beginning of November.

Dr. I. T. Small, of this city, was unlucky enough to fall a couple of weeks ago, and sustain a fracture of the left humerus about its middle.

We regret very much to learn that Dr. Robert Howard, of Montreal, has had the great misfortune to lose his son, aged  $4\frac{1}{2}$  years, from diphtheria.

We are glad to hear that Dr. J. R. Jones, of Winnipeg, who was thrown from his carriage by a runaway horse, has recovered completely from the shock.

#### OBITUARIES.

Davaine, the discoverer of the *Bacillus Anthracis*, has paid the debt of nature, aged 71.

Another distinguished chemist, and the inventor of an electric battery, George Leclanché, is also dead, aged 43.

Dr. Henwood, one of Hamilton's oldest and most respected physicians, succumbed last month to pulmonary abscess together with some cardiac affection. He was resident physician in our Toronto Hospital from 1842 to 1848, and in the Hamilton Hospital from 1848 to 1868, since which time he was engaged in private practice.

Bhola Nath Bose, M.D., M.R.C.S., the first East Indian to hold the degree of the University of London, which he took in 1847, died from carbuncle, on the 1st of October last. The whole of his professional life was spent in India, with the exception of a two-year furlough in England during which he wrote his two works, "A new System of Medicine; Entitled *Reconnaissance Medicine, or the State of the Sick*," and "Principles of Rational Therapeutics."

Henry Draper, M.D., Prof. Chemistry, Univ. City of New York, died rather suddenly from pleurisy, on 20th November, aged 46. He published a Text Book on Chemistry, and was a frequent contributor to astronomical, electrical, and photographic literature. He was the discoverer of oxygen in the sun. The inscription on the medal struck for him by order of Congress, in consideration of his observation of the Transit of Venus in 1874, is his appropriate epitaph:—"He adds lustre to ancestral glory."

Geo. Critchett, F.R.C.S., the eminent surgeon and oculist, who for eight weeks previously had manifested symptoms of cystitis, enlarged prostate, and granular kidney, died rather suddenly on the 1st of November. He was born in 1817; being thus 65 years of age. He was successively Demonstrator of Anatomy, Assistant-surgeon, and Surgeon to the London Hos-

pital; but resigned there in 1863. In 1876, he succeeded Mr. Hulke as Ophthalmic Surgeon at the Middlesex, and he was connected with Moorfields nearly all his professional life. His operative skill was, perhaps, unsurpassed; and the plan of dividing the recti muscles subconjunctivally by hook and scissors, and the method of enucleation now usually practised, were peculiarly his own.

We regret to have to record the death of Dr. John R. Dickson, of Kingston, from paralysis. Dr. Dickson had been a resident in this country since 1837. In 1842 he took the M.D. of the University of New York and the Provincial License, and began practice in Kingston. He took an active part in the formation and success of the Royal College of Physicians and Surgeons of Kingston, in which he occupied the chair of surgery. He was a Licentiate of the Royal College of Physicians of London, and a Fellow of the Royal College of Surgeons, of Edinburgh; and had held the posts of surgeon to the Provincial Penitentiary and Medical Superintendent of the Asylum for the Insane in Kingston. He was the first president of the Medical Council of Ontario. For the last four years he was not engaged in active practice.

One of the old practitioners of Montreal, Dr. Aaron Hart David, has passed away in the 71st year of his age. He was born in that city in 1812, studied at McGill and the University of Edinburgh, where he graduated in 1835. In 1852 he edited, in conjunction with the late Dr. R. L. Macdonnell, the *Canada Medical Journal* which, however, did not survive the dangers of infancy. He was also instrumental in establishing the St. Lawrence School of Medicine which met a similar fate. In 1870 he participated in the formation of the medical faculty of Bishop's College in which he was Professor of Medicine and Dean. He was a member of a number of scientific societies, home, British, and foreign, and acted as General Secretary of the Canada Medical Association from its inception up to within a year of his death, which was occasioned by that most painful affection cancer of the rectum.—*Requiescat in pace.*

### Book Notices.

*Annual Report of the Surgeon-General, U. S. Army, 1882.*

*Brooklyn Homœopathic Hospital Annual Report for 1881.*

*On Causes of Consumption—An Etiological Statistical Report.* By EDWARD PLATTEY, M.D., Toronto.

*The Physical Basis of Moral Insanity Viewed in relation to Alcoholic Impressions.* By T. L. WRIGHT, M.D., Bellefontaine, Ohio. (Reprint from *Alienist and Neurologist*.)

*The Use of the Ecraseur for Curing Deep-seated Fistula in Ano.* By J. M. GASTON, M.D., of Campinas, Brazil. (From *Am. Journal of Med. Sc.*)

*Proposed Bill to Regulate the Practice of Medicine in Michigan.* By HENRY B. BAKER, M.D., Lansing, Mich. (Reprint from *Mich. Med. News*.)

*Weekly Bulletins of Health in Michigan; Weekly Meteorological Reports, and Monthly Reports of Deaths in Lansing, Mich.* By HENRY B. BAKER, M.D., Sec. Bd. Health.

*Fortieth Report to the Legislature of Massachusetts of Births, Marriages, and Deaths in the Commonwealth, for the year ending 31st Dec., 1881.*

*Weekly Health Bulletins, with Meteorological Reports, issued by the Provincial Board of Health of Ontario.* P. H. BRYCE, M.A., M.D., Secretary.

*An Hitherto Undescribed Fracture of the Astragalus.* By FRANCIS J. SHEPHERD, M.D., C.M., M.R.C.S. Eng., Demonstrator of Anatomy, McGill University. (Reprint from *Journal of Anatomy and Physiology*.)

*Report of Secretary* (Thos. F. Wood, M.D.), *and an Essay on Preventive Medicine*. By W. P. BEALL, M.D., of Greensborough. Read at Conjoint Session of the North Carolina Board of Health and the Medical Society of North Carolina, held in Concord, May 10th, 1882.

*A Handbook of Uterine Therapeutics and of Diseases of Women*. By EDWARD JOHN TILT, M.D., Past-president of the Obstetrical Society of London, etc. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This book is good enough in its way, but among the many excellent works that have appeared in this department during the last few years, it cannot occupy anything higher than a second-rate position.

*Questions on Human Anatomy*. By SAMUEL O. L. POTTER, M.A., M.D., with sixty-three illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. Toronto: N. Ure & Co.

This is the first of a series of quiz-compendes to be issued by the publisher at \$1.00 each, designed to assist students in their preparation for the quiz-class, and examinations. Properly employed, such books may be of much help to those for whom they are designed; but the temptation to misuse them is so great, that their very existence is fraught with danger to many. This is one of the best of its kind.

*Physicians' Visiting List for 1883*. Philadelphia: P. Blakiston, Son & Co. Toronto: N. Ure & Co.

This popular Visiting List maintains its well-earned reputation. This year, as usual, such alterations and additions, as the wants of the profession seem to require have been made. Among the new and useful features we notice a "New Table of Poisons and their Antidotes," "The Metric System of Weights and Measures," "Posological Tables," (giving the doses both in Apothecaries' weights and measures, and those of the Metric System). We have seen no better Visiting List than this, which can be had for from 25 to 100 patients weekly, and is of a suitable size and shape for an ordinary pocket.

*The Incidental Effects of Drugs*. By DR. L. LEWIN, Assistant at the Pharmacological Institute of the University of Berlin: Translated by W. T. Alexander, M.D. New York: William Wood & Co. Toronto: Willing & Williamson.

This is an excellent and useful work on the important subject of unusual action of different medicines, whether depending on causes peculiar to the individual, the circumstances of the case, or the quality of the drugs. One is frequently puzzled in using ordinary medicines at unexpected results, and has considerable difficulty at times in getting satisfactory explanations in our ordinary text-books. To such, and indeed to all practitioners, we recommend the work.

*Walsh's Physicians' Combined Call Book and Tablet*. 5th edition. Published by RALPH WALSH, M.D., 332 C. Street, Washington, D.C.

This is again a candidate, along with the host of other Visiting Lists, for professional favor. In common with most other lists the useful part is preceded by a lot of miscellaneous information which should be in the practitioner's head, rather than in his pocket; but we like the book on account of its convenient size, and shape, for carriage in the pocket, and because it is in a way perpetual, the names of the months, and dates of the days, being blank. Each page is ruled for 34 names, and columns are provided for the No. and street. It is well and handsomely issued in red leather, and closes merely with a stiff flap.

*Lectures on Diseases of Children. A Handbook for Physicians and Students*. By DR. EDWARD HENOCHE, Director of the Clinic and Polyclinic for Diseases of Children, in the Royal Charité, and Professor in the University of Berlin. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

The author of this book is evidently a careful observer, and has had a wide experience in the Charité. The style of writing is clear and concise, though not specially attractive. Brief reports of cases add to the interest in the description of diseases. Diagnosis, Prognosis, and Pathology are all that could be desired. Treat-

ment is sometimes rather meagre, but on the whole sound; and opinions are given in a decided way which we admire. The book will not supersede such as Lewis Smith's, but it will be found instructive.

*On Asthma: Its Pathology and Treatment.* By HENRY HYDE SALTER, M.A., F.R.S. First American from the last English edition. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

Subscribers to Wood's Library receive this work as the September No. of the series. Of the intrinsic merits of Salter on Asthma, it would be idle at this late day to speak. Having occupied so long a foremost place on English bookshelves as the authority on the subject, subscribers to the library cannot but be pleased to find it in the present series. Of course, since its appearance many new things have been written, many remedies suggested, and some theories promulgated, but we doubt if even Berkhart, our latest English textbook, is more deserving of professional acceptance than the old authority of Hyde Salter.

*Materia Medica and Therapeutics: Inorganic Substances.* By CHARLES D. F. PHILLIPS, M.D., M.R.C.P., &c., late Lecturer on Materia Medica and Therapeutics, Westminster Hospital Medical School. Edited by Laurence Johnson, A.M., M.D. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This is the sequel to Dr. Phillips' "*Materia Medica and Therapeutics—the Vegetable Kingdom*," edited by Dr. Piffard, and published in "Wood's Library," 79. The author's aim is to combine Pharmacology with Therapeutics, as he considers that sufficient attention is not paid to Pharmaceutical Chemistry. We think he has succeeded admirably, and the work is thoroughly scientific, while sufficiently practical to suit the requirements of either the student or the busy practitioner. His Therapeutics lacks the stamp of originality, as he culls from most of the best authorities, but he shows good judgment in his selections, and in consequence this portion will prove both interesting and instructive. The work is published in two volumes, and will rank well among the best books we have on this subject.

*Speech and its Defects Considered Physiologically, Pathologically, Historically, and Remedially.* By SAMUEL O. L. POTTER, M.A., M.D., (Lea Prize Thesis of Jefferson Medical College). Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street, 1882. Price \$1.00, pp. 116.

A big title for a small book; but a good book, though perhaps not a good title. After a pleasing introduction, the subjects of phonation, articulation, and speech, are briefly, but clearly stated, after which follow the defects of speech under the titles alalia, paralalia, and dyslalia, or stammering, the last named being the *pièce de resistance* and *raison d'être* of the book. It is very fairly, and fully discussed, and the various theories of etiology and modes of treatment judiciously presented. An excellent bibliography is appended. All interested and uninterested in the subject may read this brochure with profit not unmixed with pleasure.

*A System of Human Anatomy, including its Medical and Surgical Relations.* By HARRISON ALLEN, M.D., Professor of Physiology in the University of Pennsylvania, &c.

The aim of this work is to present the facts of human anatomy in a plain, practical way, which will be alike suitable for student, physician or surgeon. It will be divided into six sections, each of which will be enclosed in an individual port-folio. Price, per section, \$3.50.

The first treats of histology, and is rather brief for a work of such pretensions, but the style is clear, and the printing, paper, and plates are excellent. It is from the well-known and able pen of Dr. E. O. Shakespeare, of Philadelphia.

Section two deals with the bones and joints, and is contributed by the author; the drawings being made by Hermann Faber from the author's dissections. The plates are almost without exception very good, and the names of parts are clearly drawn upon the figures after the manner of Holden and Gray. On the advantage of this, there may, of course, be fairly two opinions. The letter-press is very clear, concise, and comprehensive, being at once lucidly descriptive, and at the same time throwing a flood of light on the applicability of anatomical facts to the

daily uses of clinical surgery and medicine. The work will certainly assume an unoccupied place in American Medical Literature, and redound alike to the author's credit, and the benefit of those who may become its possessors.

*Diseases of the Rectum and Anus.* By CHARLES B. KELSEY, M.D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum. New York: Wm. Wood & Co. Toronto: Willing & Williamson, 1882.

The August No. of Wood's Library constitutes one of the best books of the series, and it bears the above title. Within its limits Dr. Kelsey has endeavoured, and successfully so, to compress the greater part of all contributions to our knowledge of the subjects which are of positive value from all sources, the labours of his fellow-townsmen, Van Buren, probably receiving less acknowledgment than they deserve. The work opens with some practical points in anatomy and physiology which are of much value; followed by an excellent chapter on congenital malformations of the rectum and anus. General rules regarding examination, diagnosis, and operation are then given. The author is a strong advocate of forcible dilatation of the anus, both for examination and operation, and his method of its accomplishment is somewhat different from most. Inflammation, abscess and fistula, and hæmorrhoids are then considered in different chapters, and in the last named we regret to notice omission of any mention of Pollock's crushing method, or Benham's, or Allingham's modifications. Like most of the authorities Kelsey prefers the ligature to all other methods. In the chapter on prolapse the author extends the use of interstitial injections of carbolic acid, found so useful in piles, to the relief of this condition also. Non-malignant growths, non-malignant ulceration, and non-malignant stricture are ably discussed in the next three chapters. In the last named affection the author is an able and consistent advocate with the French authorities of linear proctotomy instead of colotomy as an ultimate resort. The chapter on cancer is a very good one, and the subject is discussed in all its bearings. Impacted fæces, and foreign bodies, pruritus ani, and spasm of the sphincter, neuralgia, wounds, and rectal alimentation in

three shorter chapters complete the volume. The addition of another good work on the rectum to those we already possess constitutes a veritable *embarras de richesses*.

*Slight Ailments—Their Nature and Treatment.* By LIONEL S. BEALE, M.B., F.R.S. Second edition, enlarged and illustrated. Philadelphia: P. Blakiston, Son & Co. Toronto: N. Ure & Co.

Though we cannot say of this little book that it supplies that oft-mentioned desideratum, "a want long felt," we can say of it that it is useful in its place, and one that may be profitably read by students, young practitioners, and even old practitioners, both *licensed and unlicensed*. It deals chiefly with those so-called functional derangements, which are often brought before the notice of the doctor, and often, unfortunately for both physician and patient, regarded lightly, and even contemptuously by the former, and dosed and redosed repeatedly and ineffectually with patent medicines by the latter. Dr. Beale rightly urges that, the physician should, in dealing with what he may in the omnipotence of his scientific, anatomical, and pathological mind, regard as *slight ailments* unworthy of his notice, put himself in his patient's place, and condescend to descend to their level of knowledge and thought. By doing so, he will save his patients much useless expense, find that he can relieve much real suffering, and deprive the patentees, and vendors of quack remedies of much ill-gotten gain and repute. The book takes notice of many points, trifling in themselves, that conduce to a physician's success or failure, and his patient's comfort or dissatisfaction. There are some remarks on quackery and medical humbug, apropos to all times and countries that will strike every well-balanced mind as only too true. The following quotation is a fair sample of this:—"Men high among the most intelligent and most learned, nay, men who have been looked up to as men of the world, have often been humbugged in matters medical, and even profound lawyers have failed to distinguish medical nonsense from medical sense, and mere sham science from real scientific knowledge. Those who are always gauging the value of evidence and devoting themselves to the extraction of truth, seem to be specially

susceptible to medical and scientific imposition." We have not space to more than name the headings under which Dr. Beale deals with his subject. After the introduction, to which we have briefly referred, come chapters on (a) Tongue in Health and Slight Ailments. (b) Appetite, Nausea, Thirst, Hunger. (c) Indigestion. (d) Constipation. (e) Diarrhoea. (f) Worms. (g) Vertigo. (h) Biliousness, Sick Headache. (j) Neuralgia, Rheumatism. (k) Fever and Inflammation.—All written in such simple language, that, "he who runs may read," mark, learn, and profitably digest.

### Meetings of Medical Societies.

#### TORONTO MEDICAL SOCIETY.

REGULAR MEETING, AUGUST 31, 1882.

In the absence of the President and Vice-Presidents, Dr. Macdonald occupied the chair.

Dr. Machell showed an anencephalic monster with two rows of tubercles extending as low as the lower dorsal vertebrae, due either to spina bifida, or a double row of spinous processes.

Dr. McPhedran stated that microscopical examination of the ruptured uterus presented at the last meeting of the Society showed marked granular degeneration at seat of rupture.

Dr. Workman read a paper on Myxoedema, or Pachydermic Cachexia, embracing a full resumé of the well-known views of Gull, Ord, Mahomed, Goodhart, Charcot, and Hadden. The paper was a translation from the *Rivista Sperimentale*.

REGULAR MEETING, SEPTEMBER 21, 1882.

The President, Dr. George Wright, in the chair.

Dr. McPhedran showed a boy, aged 6, with well marked summer prurigo. The eruption first showed itself early in the summer of last year, continuing till the cold weather came when it wholly disappeared and returned again with the warm weather this summer. It is much worse this year than last. The family history contains nothing of importance. The child is vigorous and healthy. The eruption consists of pinkish papules varying in size from a pin's head to three or four times that size;

the apex capped with a thin whitish scale; in many of the papules the scale is replaced by a scab. The papules appear on all parts except the scalp, upper part of face, axillae, anal fissure, scrotum, and palms and soles. It is most abundant on the outer aspects of legs and arms where the skin is thickened, harsh, and dry, and scratch-marks and scabs very numerous. At night the itching is intense, but only slight during the day. Treatment has resulted in no benefit thus far. Sulphur and tar baths had been tried but the facilities for prolonged bathing were wanting. Arsenic, iron, and cod liver oil had been given internally.

Dr. Graham said the case was a most typical one of summer prurigo as described by Hutchinson. He had had two cases in his practice, but they were complicated by wheals and might be looked upon as lichen urticatus. He had recently seen a case of the inveterate prurigo of Hebra much benefitted by naphthone ointment.

Dr. Cameron said he had a similar case to the one exhibited, of three years standing in an adult, under his care. He was inclined to think that true prurigo was of more frequent occurrence than stated by the authorities. He saw a case some years ago.

Dr. Oldright showed a case of leucoderma in a man aged 28. Began two years ago, and occurred in small spots chiefly on right side of chin and neck.

Dr. Cameron said he had a similar but more marked case under his care at the General Hospital at present; the hyperpigmentation around the leucodermic spots being very distinct. He advised liquor epispasticus locally and cod liver oil, phosphorus, phosphides, especially phosphide of silver, etc., internally.

Dr. Graham saw a case treated successfully temporarily at last by mustard plasters.

Dr. McPhedran next showed a case of tubercular and bullous eruption in a young woman, possibly due to the bites of the cimex lectularius.

Dr. Geo. Wright read a paper on Rötheln. He gave a full description of the disease and its treatment, and traced its history from the time the first descriptions were given of it as a form of measles or scarlatina, or a hybrid of

both, one hundred or more years ago, to the present, when it is acknowledged an essential fever.

Dr. Cameron preferred the name Rubella, as suggested by the American Dermatological Association. He said there had been an outbreak of rubella at the House of Providence during the past summer, and continuous with it another of measles. There were no deaths in the former but a large number of cases had terminated fatally in the latter.

Dr. Graham said an outbreak of rubella occurred in Brampton in 1872, and was described in an article in the *Canada Lancet* by Dr. Heggie. This was a year before the first outbreak in New York, which Dr. J. Lewis Smith stated occurred in 1873, as given in the paper just read.

Dr. A. H. Wright said a wide-spread epidemic occurred in Colborne, Ont., during the second year he was in practice, and had given much concern to the practitioners in that district. He thought there was great difficulty in diagnosis owing to the varying character of the symptoms.

Dr. Oldright said outbreaks of what was called "hybrid" measles and scarlet fever by the leading physicians, occurred in Toronto during 1863-65.

Dr. Temple said an outbreak had occurred in one of the ladies' schools during the recent epidemic, and asked the opinion of the Society on the advisability of closing the school.

In reply, Dr. Cameron said he thought the school should not be closed but quarantined, as the poison being disseminated in the early stages of the fever would be carried home by the ladies if the school was closed.

Dr. McFarlane said he had some very severe cases during the recent epidemic, one child having died. In this case the rash came out quickly all over the body; was abundant, bright colored at first, but became darker in a few hours. The child died exhausted. He believed the disease was most likely confounded with scarlet fever.

Dr. Nevitt agreed with Dr. A. H. Wright as to the great difficulty in making the diagnosis in many cases.

The Society then adjourned.

(Regular Meeting, October 5th, 1882.)

The President, Dr. George Wright, in the chair. Dr. Spencer showed a woman with an eruption, probably syphilitic, chiefly on the face, neck, and forearms. Treatment had not been followed by much benefit. Dr. Cameron advised giving iodide of potassium in much larger doses than had been given.

Dr. A. H. Wright showed fractured os innominatum and spine. (See report in this issue.)

Dr. Nevitt showed an exostosis removed from the ungual phalanx of the great toe of a young girl.

Dr. Macdonald reported a case of epithelioma of the uterus and vagina in a woman, a farmer's wife, aged 60. Symptoms first showed themselves last April in a bloody vaginal discharge, lasting for a day or two, and recurring from time to time. No pain or hydrorrhœa. He removed as much as possible of the growths, to mitigate symptoms and prolong life.

Dr. Nevitt said he had a similar case at present under his care. He was applying the fuming nitric acid, much to the relief of the patient. Both pain and hydrorrhœa were marked.

(Regular Meeting, October 9th, 1882.)

The President, Dr. George Wright, in the chair. Dr. Holmes was elected a member of the Society.

Dr. Reeve exhibited a patient illustrating the treatment of Ectropion by transplantation of flap without pedicle, and gave an elaborate description of the various steps of the operation. The case was a marked example of cicatricial keloid resulting from a burn. The upper lid had been treated by transplantation two years ago with the most satisfactory result. The operation on the present occasion was for the restoration of the lower lid. The extent of raw surface made was 25 x 15 mm., and a flap 65 x 40 mm. was transplanted from the inner side of the arm. The operation was performed three weeks ago, and the flap had united perfectly. This was the fifth case operated on by Dr. Reeve, of which four were completely successful. In answer to Dr. Cameron, Dr. Reeve said he had not tried treatment

of keloid by friction with sand ; that the mode of operating by transplantation without pedicle was that developed by Wolfe, of Glasgow ; and that no keloid had formed on the arm as a result of the removal of the flap.

Dr. Zimmerman reported a case of malignant disease in a compositor. (Appears in this issue.) Dr. Zimmerman said the disease was rare in the supra-renal capsules, especially in one alone, and it would be interesting to know if the capsule had been primarily diseased in this case. In reply to Dr. Cameron, he said the frequency of malignant disease of the pelvic tissues in young people might be due to great activity of the sympathetic.

Dr. Graham reported a case of abscess of the tongue. It was the first case he had seen. Drs Workman and Macell had seen cases.

Dr. Graham reported a case of a child, aged three years, with symptoms resembling those of leucocythemia. Splenic dullness was increased ; the red corpuscles about  $\frac{2}{3}$  normal number ; and white corpuscles in proportion of 1 to 20 red ones. No history of ague. The case might be anemia, with splenic and glandular enlargements.

Dr. Cameron said he saw one exactly similar two months ago.

Dr. Graham reported a case exhibiting symptoms of bulbar anemia in a man aged 48. The man had for years devoted himself closely to business, and suffered from debility in consequence. He went to Europe last spring, and on the voyage was seized with an attack of dyspnea ; another in London. On Oct. 5 Dr. Graham was called hurriedly at night to see him. He had awakened with another attack. In this there were a number of superficial respirations, followed by a deep one. No chest symptoms. Next day, while receiving an application to the throat, was again seized. No spasm of vocal cords during this seizure. Memory is failing ; he has become very emotional ; is very temperate ; no venereal history ; urine normal ; no optic neuritis.

Dr. Cameron inclined to the view that tumour of the brain was the cause. Such symptoms might arise from a form of epilepsy.

Dr. Reeve said the absence of optic neuritis did not exclude tumour of the brain, as tumour may exist for years and neuritis only develop a short time before death.

Dr. Graham exhibited pulse tracings from a case of aortic regurgitant disease in a fish pedlar. No symptoms till two weeks ago. He was passed a short time ago for life assurance. He believed the case one of idiopathic endocarditis. (See clinic in this issue.)

Dr. McPhedran reported a case of hemiplegia in a man aged 28, due apparently to embolism. The heart is normal ; no history of inflammatory rheumatism or syphilis.

Dr. Graham then read a paper on Lupus, giving the history of six cases, illustrating the different varieties. He believed *L. Erythematosis* and *L. Vulgaris* to be similar in pathological character, the difference being due to the seat of the deposit. Prognosis always bad.

Dr. Cameron adopted the view of Friedländer that the two forms of Lupus are distinct pathologically. He advised treatment by oblique linear scarification or erosion, to cut off the blood supply, followed by application of iodoform and pressure.

Dr. Workman brought to the notice of the Society the desirability of establishing a registry of nurses for Toronto. Owing to the lateness of the hour the subject was deferred till next meeting. (See Editorial.)

### Miscellaneous.

#### CLOSURE OF SCHOOLS OWING TO PREVALENCE OF ZYMOTIC DISEASES.

The conclusions of a paper on this important subject, read at the last meeting of the British Medical Association, by Mr. H. Page, M.R.C.S., S.Sc.C. Camb., Ex-Med. Officer of Health, Redditch Urban Sanitary District, are as follows :—

1. Where there is no compulsory notification of infectious diseases, it is necessary to close schools, as soon as it is evident that they are acting as centres of infection ; but that

2. Where there is compulsory notification, and the knowledge so acquired is efficiently utilized, and its necessary adjunct—proper means for isolation of cases, that is, hospital accommodation—exists, the control of zymotic diseases is so complete, and the consequent protection of schools from the introduction of contagion so efficient, it is extremely seldom that it is necessary to require their closure.



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